

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND		
Date of death	1906	Month <i>Sept</i>	Day <i>24</i>	Age <i>33</i>	Months <i>740</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>as given above</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Mary J. Bentzel</i>					
Father's Name <i>David Bentzel</i>	Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary R. Willet</i>	Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mary R. Bentzel</i>	How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Schamber</i>	How long

Are the name, age, sex, color, date and place correctly given above?

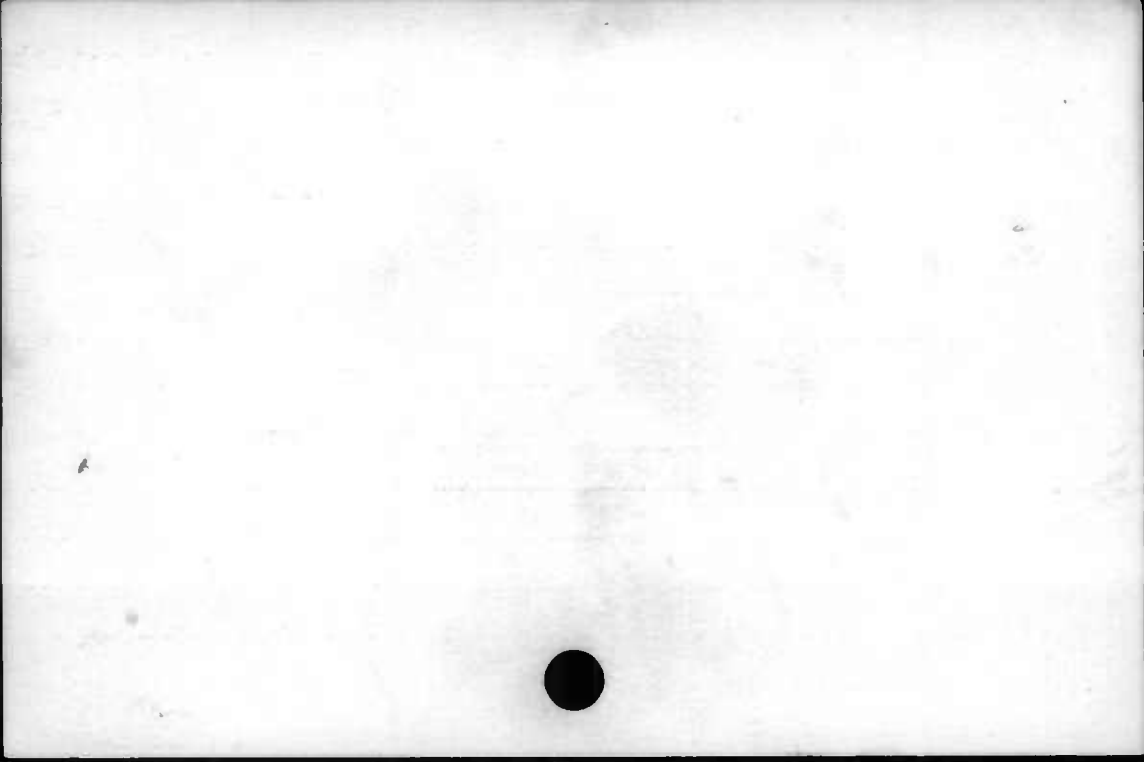
Yes

Signature of Physician

Address

Chas. E. Stein
Emmitsburg
MD.

Accident or Suicide?



Nettie J. Biddinger,

CERTIFICATE OF DEATH

Died at *Mt. Pleasant* ^{Town} *Frank* ^{County}

MARYLAND

Date of death *1906* ^{Month} *8* ^{Day} *10* ^{Years} *49* ^{Age}

Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Walkersville*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, *—* ^{or Widowed} *Married* Name of Wife or Husband *George W. Biddinger*

Father's Name *John D. Bitler* Father's Birthplace *Walkersville*

Mother's Maiden Name *Anna E. Pearl* Mother's Birthplace *—*

Name of person giving information *George W. Biddinger* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Complications* ^{How long} *3 weeks*

Immediate *Heart Failure* ^{How long} *Several days*

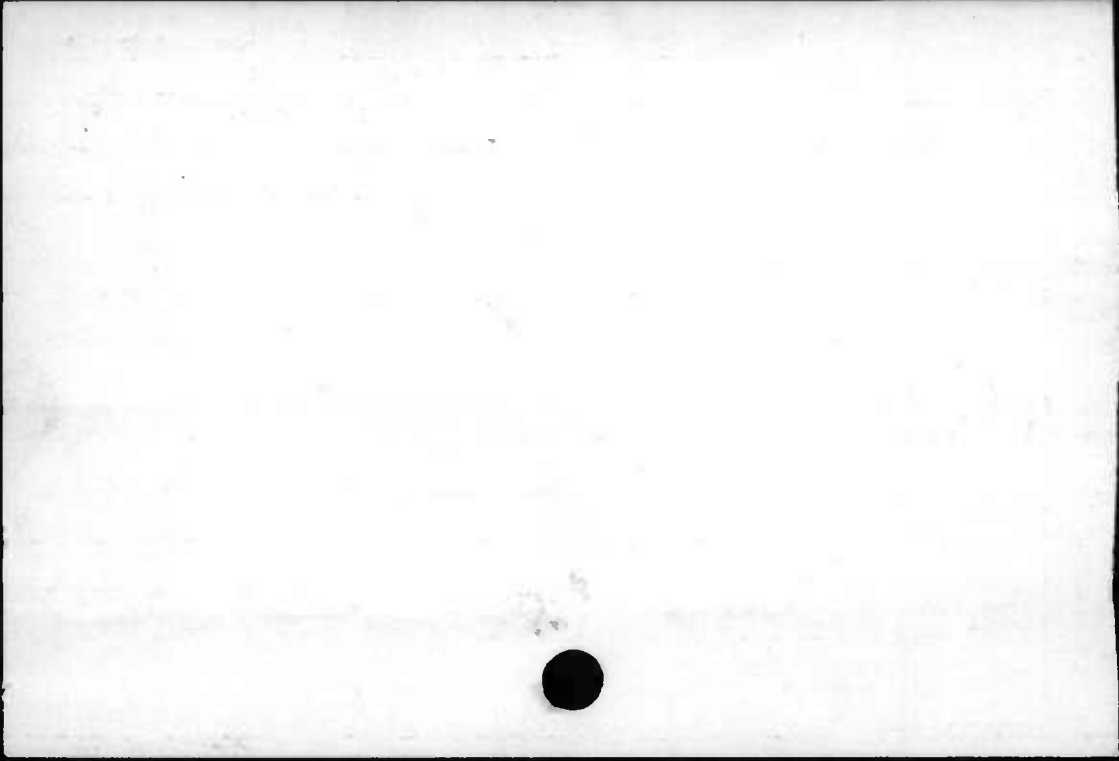
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. H. Beall*

Address *Libertytown*

Accident or Suicide? *—*

U.S.



Name
in
Full

Daniel Grafton Biser

CERTIFICATE OF DEATH

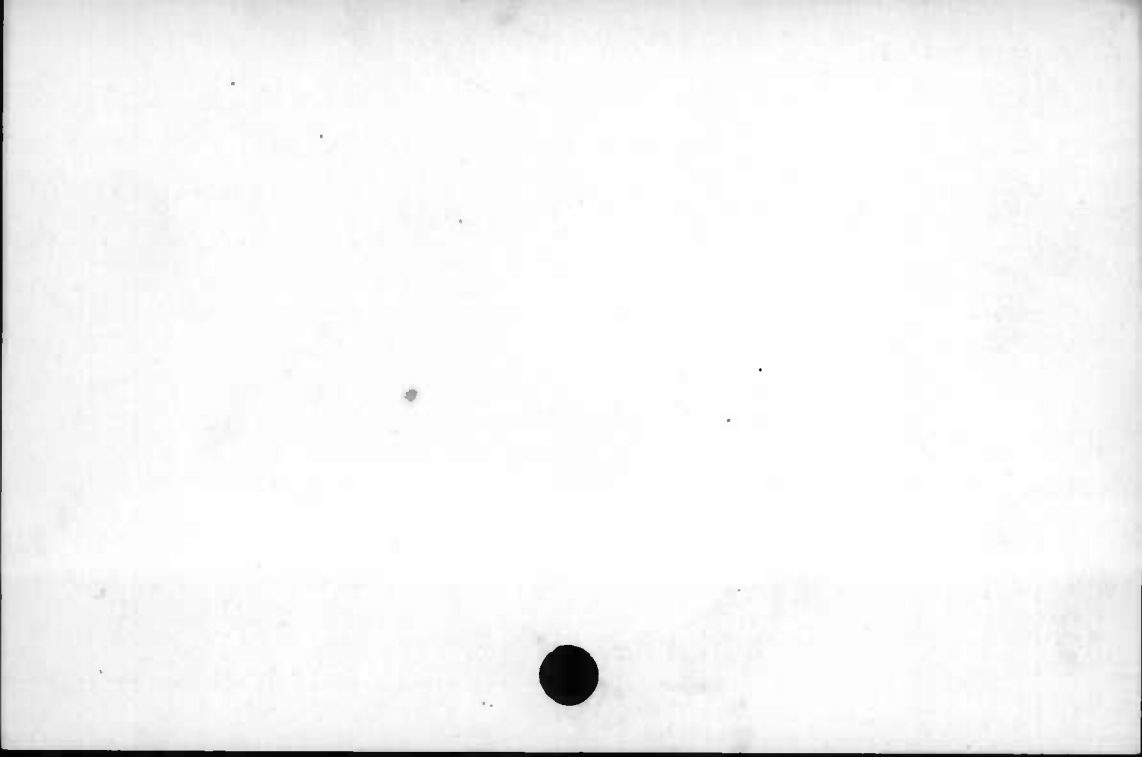
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>24</i>	Age <i>82</i>	Years <i>2</i>	Months <i>2</i>	Days <i>2</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>F. Co. Md.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Albernia E. Shafer</i>						
Father's Name <i>Daniel Biser</i>	Father's Birthplace <i>F. Co. Md.</i>						
Mother's Maiden Name <i>Sophia Harley</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Dr. F. H. D. Biser</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>arterio-sclerosis</i>	How long <i>Gradual</i>
Immediate <i>uraemia (chronic)</i>	How long <i>4 or 5 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. B. Johnson</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

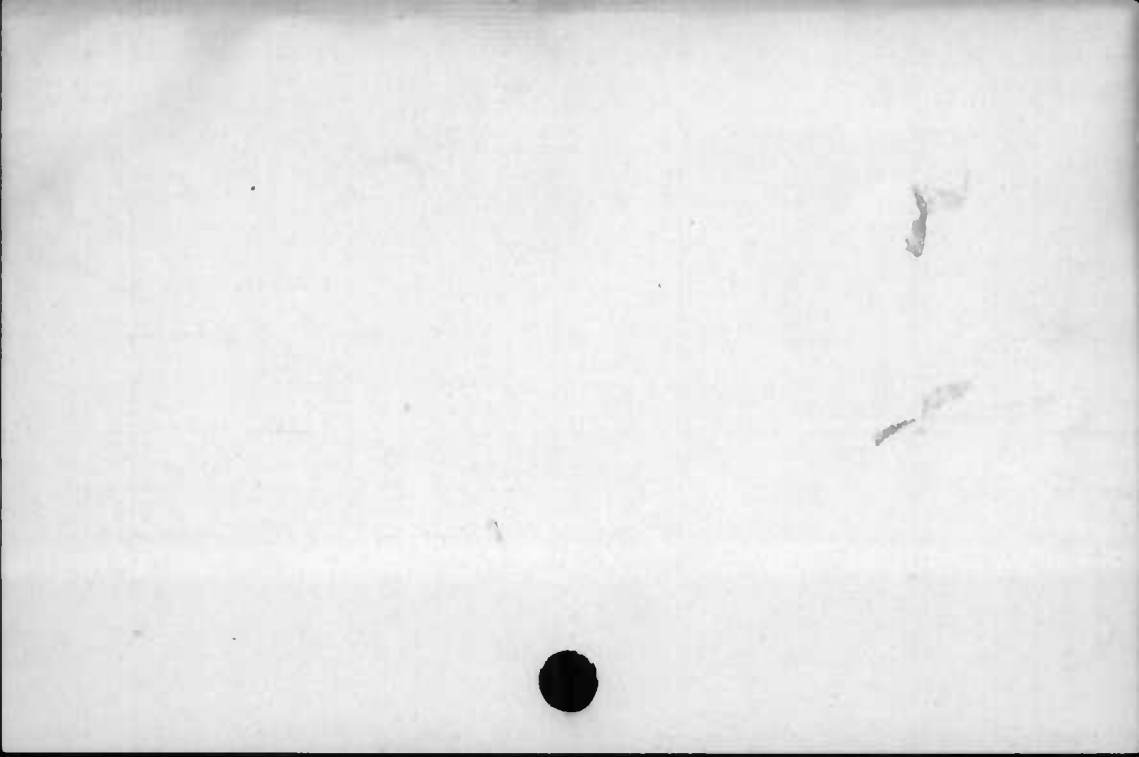
Died at <i>Montrose Hospital</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>17</i>	Age <i>94</i>	Years	Months <i>4</i>	Days <i>12</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>England</i>
Occupation	<i>House wife</i>			Where Residing If not at place of death			
Married, Single or Widowed	<i>Mr</i>		Name of Wife or Husband				
Father's Name	<i>X</i>					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

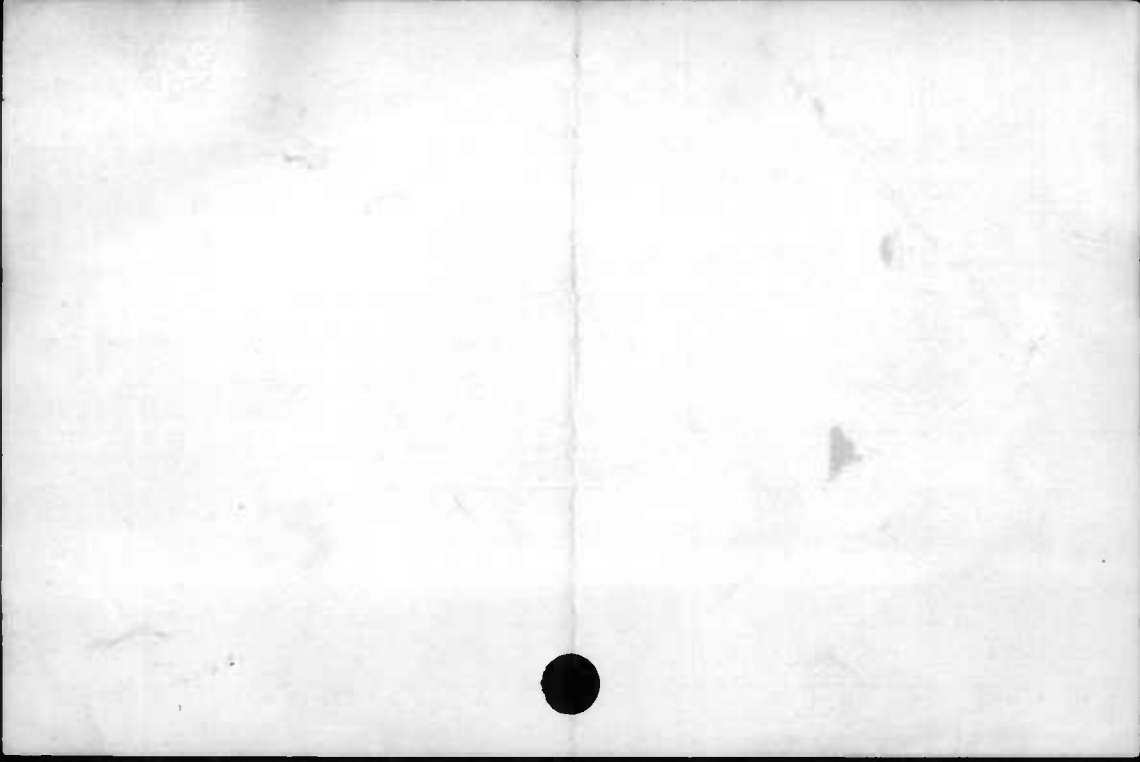
(64)

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyons</i>
		Address <i>Fredrick Md.</i>
Accident or Suicide?		



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>West Falls</i>		Town <i>Frederick</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>4</i>	Age <i>7</i>		Months <i>2</i>
	Sex <i>Female</i>		Color or Race <i>White American</i>		Birth-place <i>New York</i>	
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>Wm Chaney</i>		Father's Birthplace <i>Fred Co</i>			
	Mother's Maiden Name <i>Anna J. Strickland</i>		Mother's Birthplace <i>Washington</i>			
Name of person giving information <i>Wm Chaney</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>		(9)		How long <i>4 days</i>	
	Immediate				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. Haver</i>			
			Address <i>West Falls Md.</i>			
Accident or Suicide?						



TO BE ANSWERED BY NEAREST FRIEND	Name in Full Bernard Thompson Clabaugh		CERTIFICATE OF DEATH	
	Died at Near Bridgeport <small>Town</small>		Bredrick <small>County</small>	
	Date of death 1906 <small>Month</small>		9 <small>Day</small>	
	18 <small>Age</small>		3 <small>Months</small>	
	Sex Male		Color or Race White	
	Occupation _____		Birth-place Near Bridgeport	
Where Residing if not at place of death _____				
Married, Single or Widowed _____		Name of Wife or Husband _____		
Father's Name Albert Clabaugh		Father's Birthplace Carroll Co. Md.		
Mother's Maiden Name Ellen Humbert		Mother's Birthplace Carroll Co. Md.		
Name of person giving information Father		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Marasmus	How long 1 month	
	Immediate Exhaustion	How long Sunday	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. H. Dyer M.D.	
	Address Stoneyton, Md.		
	Accident or Suicide? _____		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lewinton Frank County

Date of death 1906 9 Month 27 Day Age 67 Years 9 Months 27 Days

Sex Male Color or Race White Birth-place Mordahan

Occupation Mechanic Where Residing if not at place of death Lewinton

Married, Single or Widowed Single Name of Wife or Husband Abner H. Sore

Father's Name Peter Gram Father's Birthplace _____

Mother's Maiden Name Brown Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

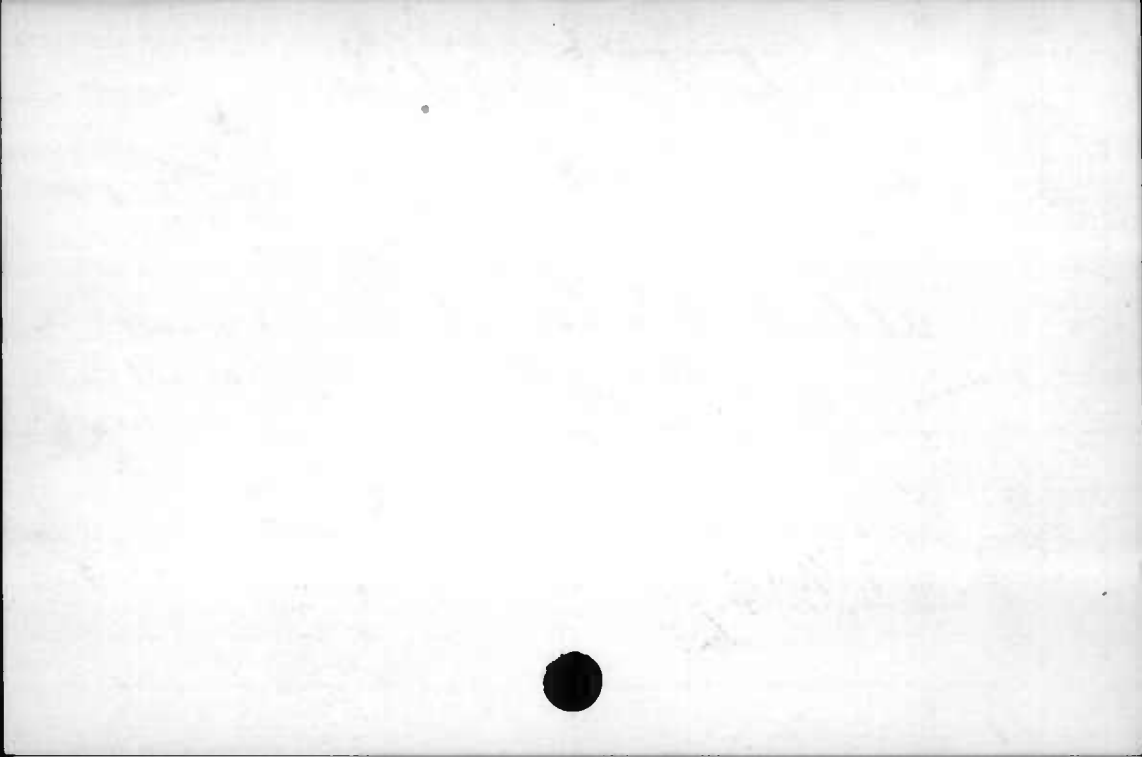
Primary Calculated disease of heart How long 2 years

Immediate Ischemic How long 2 "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. J. May

Address Lewinton

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

Lloyd Crampton

Town

County

MARYLAND

Died near Urbana Frederick

Date of death 1906 Sept. 9th Age 74 Months 5 Days 25

Sex Male Color or Race colored Birth-place Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Ellen Hawkins

Father's Name Father's Birthplace

Mother's Maiden Name Annie Smith Mother's Birthplace Md

Name of person giving information Ellen Crampton How related to deceased wife

CAUSES OF DEATH

Primary How long

Immediate Bronchial Pneumonia 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

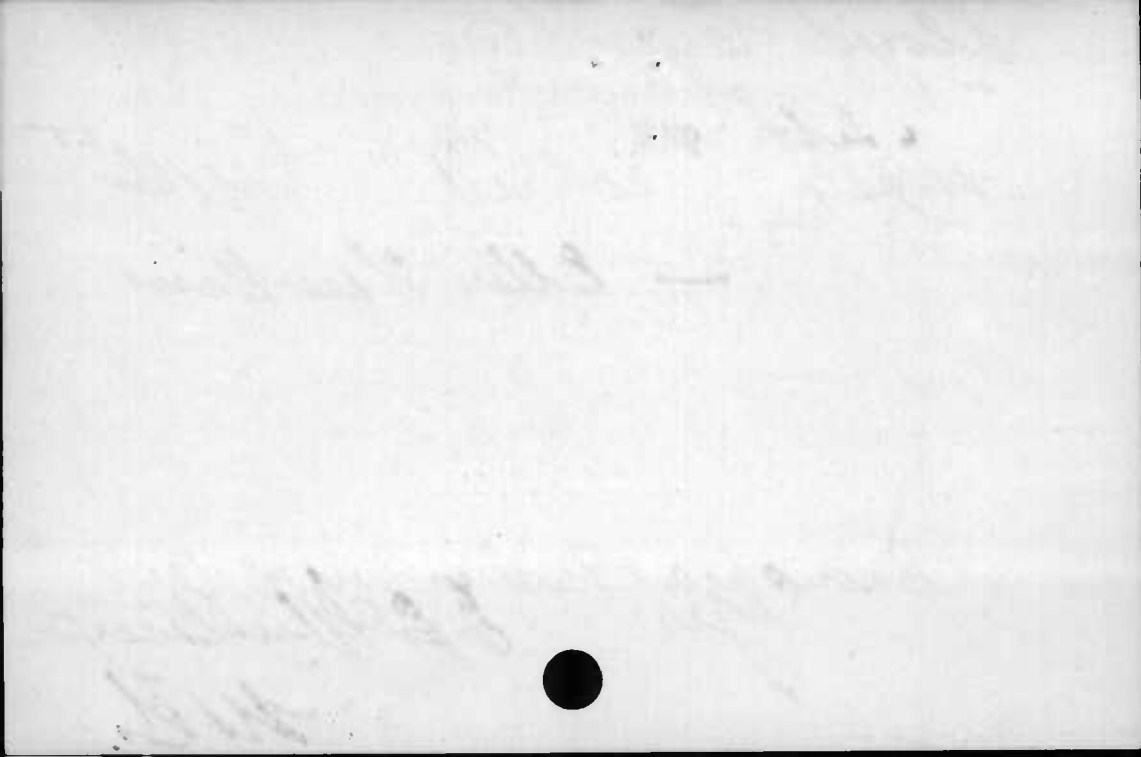
Address

E. G. Mullins
Urbana
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Unknown (Wm. H. Bailey on handkerchief)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Brunswick</u> ^{Town}		<u>Frederick</u> ^{County}			
Date of death	<u>1906</u> ^{Year}	<u>Sept</u> ^{Month}	<u>20</u> ^{Day}	Age <u>18</u> ^{Years} (<u>3</u>)	Months <u> </u> Days <u> </u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u> </u> (<u>3</u>)		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Accident</u>	How long	<u>Instantly</u>
Immediate	<u>cut into by cars</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Jim Frost</u>	
Accident or Suicide?		Address <u>Brunswick Md</u> <u>Frederick Co</u>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Frederick* Town *Frederick* County *MARYLAND*Date of death *1906* Month *9* Day *21* Age *62* Years *7* Months *3* DaysSex *Male* Color or Race *Black* Birth-place *Ft. Geo. Md*Occupation *Stone House Hand* Where Residing if not at place of death *Same*Married, Single or Widowed *Married* Name of Wife or Husband *Martha Campbell*Father's Name *James N. Davis* Father's Birthplace *Montz Geo Md*Mother's Maiden Name *Susan Taylor* Mother's Birthplace *" " "*Name of person giving information *Elizabeth Emty* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Disease of heart - (Indurated)* How long *5 yrs*
Immediate *Dropsy* How long *4 mos*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. V. Maynard*Address *17 Second St -
Frederick Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Edward T. H. DeFashunett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Andover* ^{County} *Andover* **MARYLAND**

Date of death *1906* ^{Month} *Sept.* ^{Day} *9* ^{Years} *37* ^{Months} *—* ^{Days} *8*

Sex *Male* Color or Race *White* Birth-place *Med.*

Collective Agency Clerk Where Residing if not at place of death *Med.*

Married, Single or Widowed *Married* Name of Wife *Eunice Thomas*

Father's Name *Arthur DeFashunett* Father's Birthplace *Med.*

Mother's Maiden Name *Sarah Michael* Mother's Birthplace *Med.*

Name of person giving information *Edward DeFashunett* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *Four Months*

Immediate *Paralysis of the brain and died immediately*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. T. Haffner*

Address *Andover*

Accident or Suicide? *—* *Med.*



Name
in
Full

Marriott M Dorsey

CERTIFICATE OF DEATH

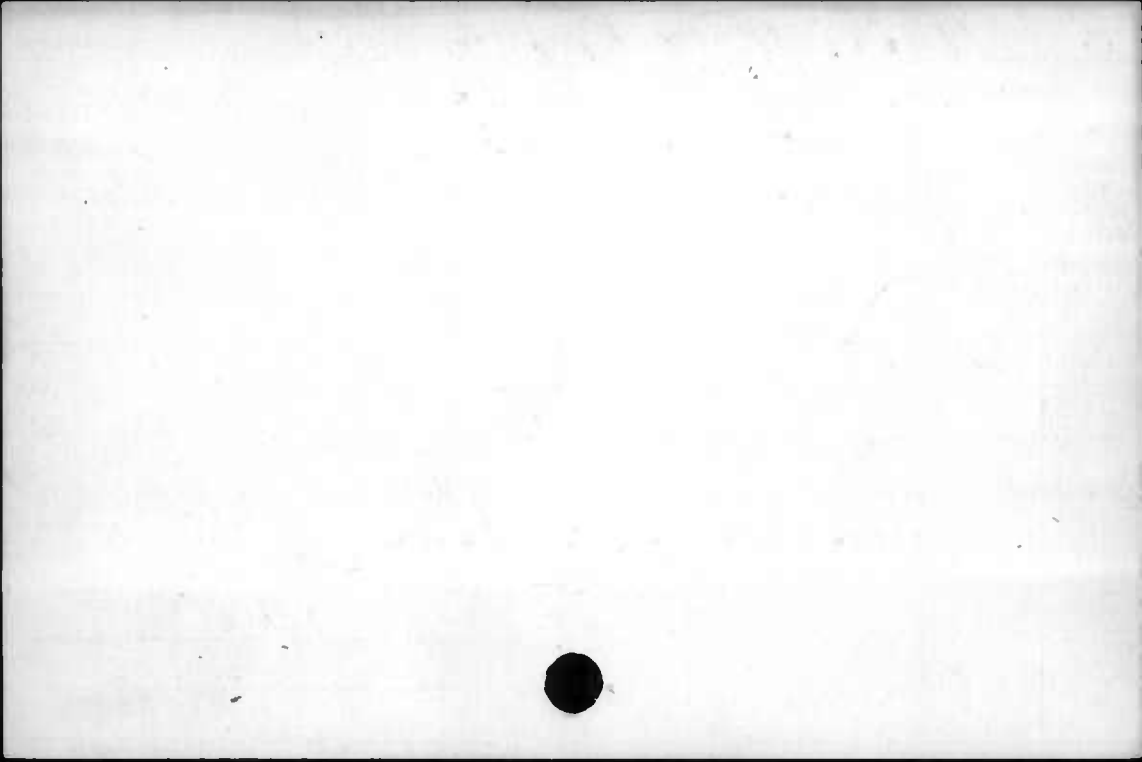
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>City Hospital</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1906	Month	Sept	Day	12
Age		33		Years	
Sex	Male		Color or Race	White	
Occupation	Bookkeeper		Birth-place	County -	
Where Residing if not at place of death					
Married, Single or Widow			Name of Wife or Husband		
Father's Name			Vernon Dorsey		
Mother's Maiden Name			Mary K Shipley		
Name of person giving information			Mother		
Father's Birthplace			Wouding Co		
Mother's Birthplace			Carroll Co		
How related to deceased					

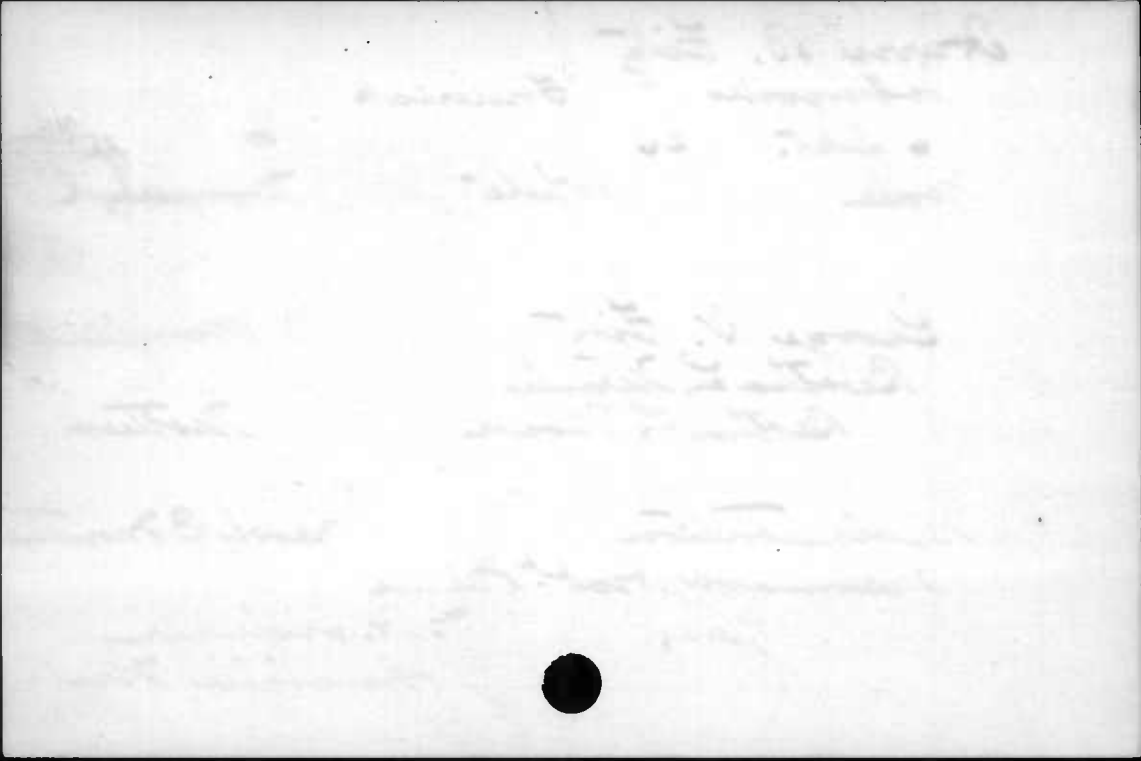
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>		How long	<i>Two weeks</i>
Immediate	<i>Distended Nephritis</i>		How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		<i>Frank Hepes</i>		
		Address		
		<i>Frederick</i>		
Accident or Suicide?				



Name in Full		JACOB DRESHER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Detroit		Frederick		MARYLAND	
	Date of death	1906	Month Sept.	Day 11	Age 77	Months 4	Days 21
	Sex	Male		Color or Race	White		Birth-place
	Occupation	retired		Where Residing if not at place of death		Germany	
	Married, Single or Widowed	Married		Name of Wife or Husband		Catharine Miller	
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Catharine Miller				How related to deceased	
		<div>CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary	Dysentery			How long	6 days	
	Immediate	Heart failure			How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician	
				Address		C. S. Miller Detroit Md -	
	Accident or Suicide?						



Name
in
Full

William N. Feele-


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Middletown</u>		^{County} <u>Frederick</u>		MARYLAND	
Date of death 190 <u>6</u>	^{Month} <u>Sept</u>	^{Day} <u>10</u>	^{Years} <u>35</u>	^{Months} <u>6</u>	^{Days} <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Salesman</u>				
Name of Wife <u>Alice Seebo</u> Husband					
Father's Name <u>Henry C. Feele</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary E. Hull</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Wm. B. Burt</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>3 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. G. Lammert M.D.</u>
	Address <u>Middletown</u>
	<u>Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Harry B. Fitz

CERTIFICATE OF DEATH

Died at <i>Johnsville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 1906	Month <i>Sept.</i>	Day <i>26</i>	Age	Months <i>9</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>George C. Fitz</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Bertha L. Work</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Bertha L. Work</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Malnutrition</i>	How long <i>179</i>	How long <i>nearly 3 months</i>
	Immediate <i>Presumably Heart Failure</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>F. H. Tidwell</i>	Address <i>Johnsville, Md.</i>
	<i>X</i> Accident or Suicide?		



Name
in
Full

Fouche Ellen M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Orabey</i> Town		<i>Fredrick</i> County			
Date of death	<i>1906</i>	Month <i>9</i>	Day <i>7</i>	Age <i>60</i>	Years <i>6</i> Months <i>12</i> Days
Sex <i>Female</i>	Color of Race <i>Caucasian</i>		Birth-place <i>Ladysburg</i>		
Occupation <i>Farm Wife</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Limphe Fouche</i>			
Father's Name <i>Peter Handley</i>		Father's Birthplace <i>County</i>			
Mother's Maiden Name <i>Ellen Butler</i>		Mother's Birthplace <i>(80)</i>			
Name of person giving information <i>_____</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Dropsy</i>	How long <i>(2)</i>
Immediate <i>" asthma</i>	How long <i>(1)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Fahrney M.D.</i>
	Address <i>Fredrick</i>
Accident or Suicide? <i>_____</i>	

S. chirodes
M.C.

Sept 11/06

Name
in
Full

William Donald Garrow

CERTIFICATE OF DEATH

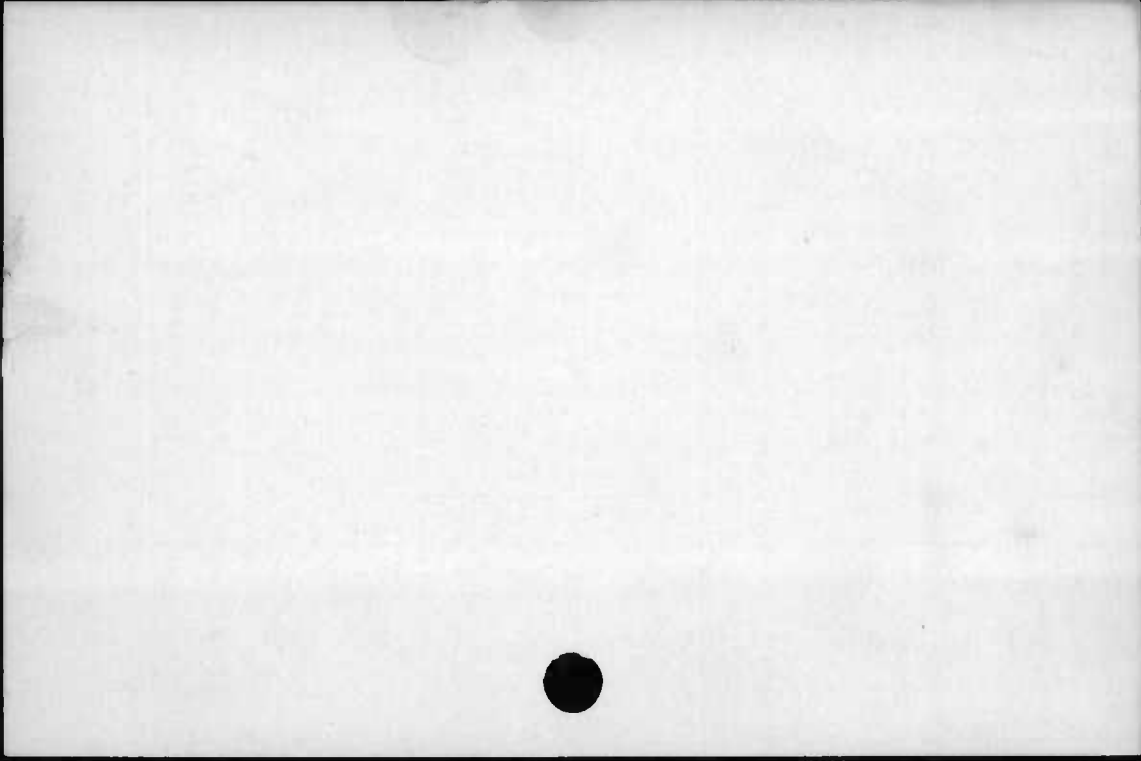
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Unionville		County Frederick		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1904	Sept	21	-	3	-	
Sex	Male		Color or Race	White		Birth-place	Frederick Co
Occupation	~~~~~			Where Residing if not at place of death ~~~~~			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William A Garrow					Father's Birthplace	Frederick Co
Mother's Maiden Name	Susetta Reinhardt					Mother's Birthplace	Carroll Co
Name of person giving information	Vernon L Garrow					How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	7 weeks
Immediate	Ex Lactation	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Otis B. Stone	
Address		Liberty Town Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Albert Gibbons</i>		Town <i>Braddock</i>		County <i>Frederick</i>		MARYLAND									
Died at		Month <i>9</i>		Day <i>2</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>2</i>			
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Braddock</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Jacob H. Gibbons</i>		Father's Birthplace <i>F. Co. Md</i>		Mother's Maiden Name <i>Estella Hartman</i>		Mother's Birthplace <i>H. Co. Md</i>		Name of person giving information <i>J. H. Gibbons</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Convulsions</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Franklin Buchanan Smith</i>	
Accident or Suicide? <i>—</i>		Address <i>Frederick Md.</i>	

T. P. Rice Sept 4/06

Name
in
Full

CERTIFICATE OF DEATH

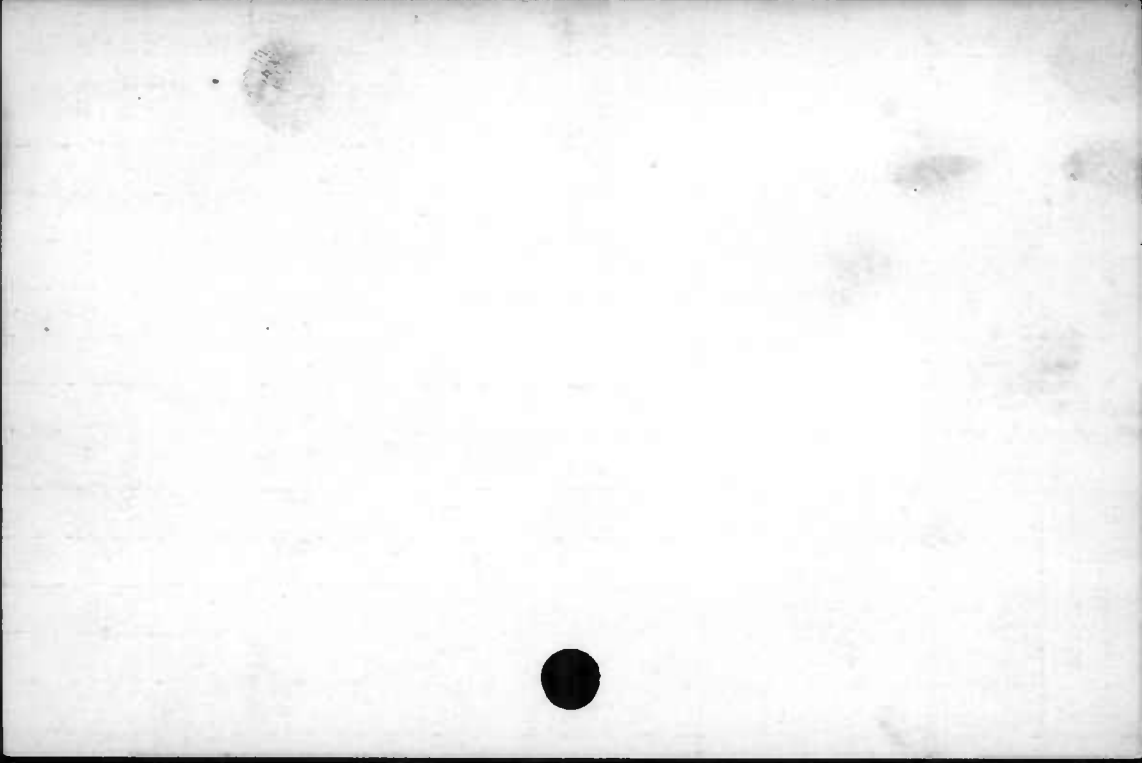
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	14				2
Sex	Color or Race		Birthplace				
Male	Caucasian		Peterville				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Ellis Grant				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	-
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Samuel Claggett
		Address	Peterville
Accident or Suicide?			



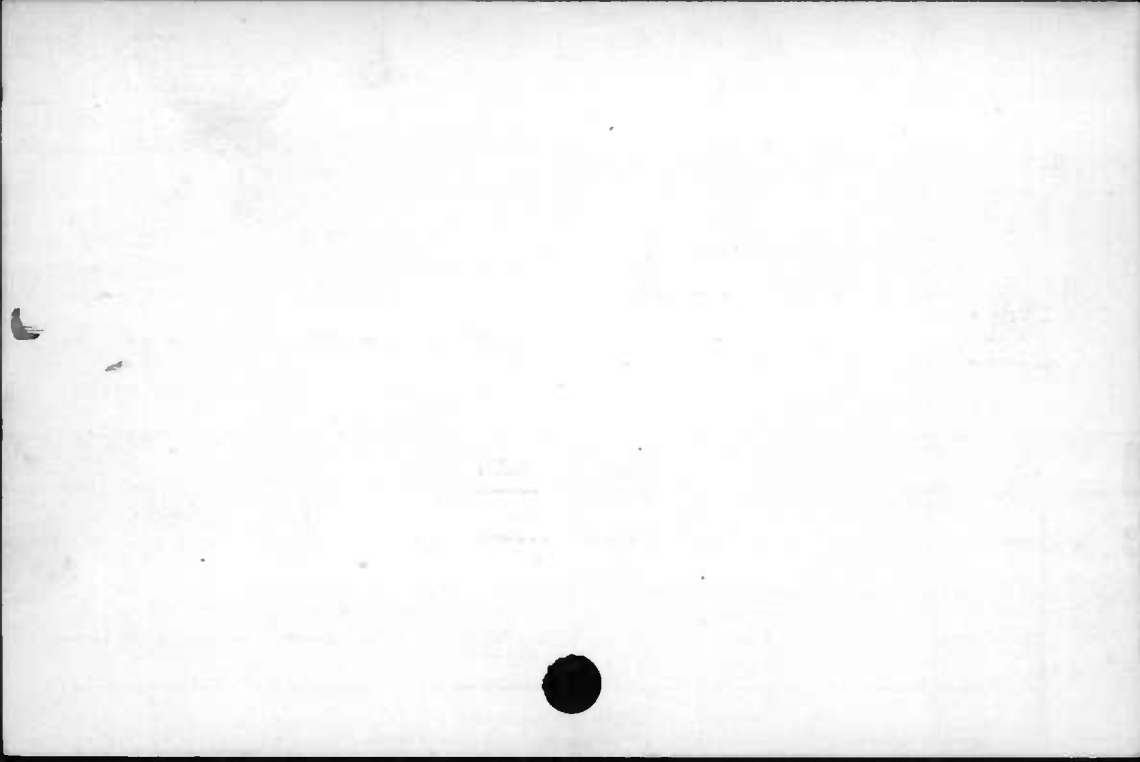
Name in Full <i>Saunders George</i>		CERTIFICATE OF DEATH	
Died at <i>Frederick</i> Town		County <i>Frederick</i>	
Date of death <i>1906</i> Month <i>9</i> Day <i>14</i>		Age <i>48</i> Years Months Days	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>	
Occupation <i>Laborer</i>		Birth-place <i>7</i>	
Where Residing if not at place of death <i>Frederick</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Blanton</i>	
Father's Name <i>George Saunders</i>		Father's Birthplace <i>N Y City</i>	
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>	
Name of person giving information <i>Mrs Eugene Spencer</i>		How related to deceased <i>Sister-in-law</i>	
CAUSES OF DEATH			
Primary <i>Coronary Arteriosclerosis</i>		How long <i>at once</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W P Fabrum M.D.</i>	
Address <i></i>			
Accident or Suicide? <i></i>			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Herbert Garland Hahn		Town Ladiesburg		County Fredrick		CERTIFICATE OF DEATH	
Died at		MARYLAND					
Date of death		Month 6	Day 8	Years —	Months 5	Days 19	
Sex Male		Color or Race White		Birth-place Ladiesburg, Md.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Glenn Hahn				Father's Birthplace Wackersville, Md.			
Mother's Maiden Name Joe Cula Dorn				Mother's Birthplace Wackersville, Md.			
Name of person giving information Glenn Hahn				How related to deceased Father			
CAUSES OF DEATH							
Primary		Enterocolitis		How long		2 weeks	
Immediate		Meningitis		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. H. Diller			
				Address Detroit, Maryland.			
Accident or Suicide?		—					



Name
in
Full

Harry Haller -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wiginton</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1904	Month	9	Day	3
Age		Years	55	Months	
Sex	Male	Color or Race	White	Birth-place	
Occupation	Carpenter	Where Residing if not at place of death		Frederick Md	
Married, Single or Widowed	Single	Name of Wife or Husband		X	
Father's Name	N. P. Haller			Father's Birthplace	Frederick
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving information	—			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Delirium Tremens</i>	How long	<i>4 days</i>
Immediate	<i>Cardiac Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>R. S. Lyson</i>	
		Address	
		<i>Frederick Md.</i>	
Accident or Suicide?			



Name
in
FullHawkins
CERTIFICATE OF DEATH

Female infant Child (Illegitimate)

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middleton</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>19</i>	Age <i>000</i>	Months <i>000</i>	Days <i>000</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Middleton</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Not sworn to</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Mary Hawkins</i>		Mother's Birthplace <i>Middleton</i>			
Name of person giving information <i>Edw H Hawkins</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>	How long <i>—</i>
Immediate <i>— Suffocation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Buckley</i>
	Address <i>Middleton Ind.</i>
Accident or Suicide? <i>Accident.</i>	



Name
In
Full

CERTIFICATE OF DEATH

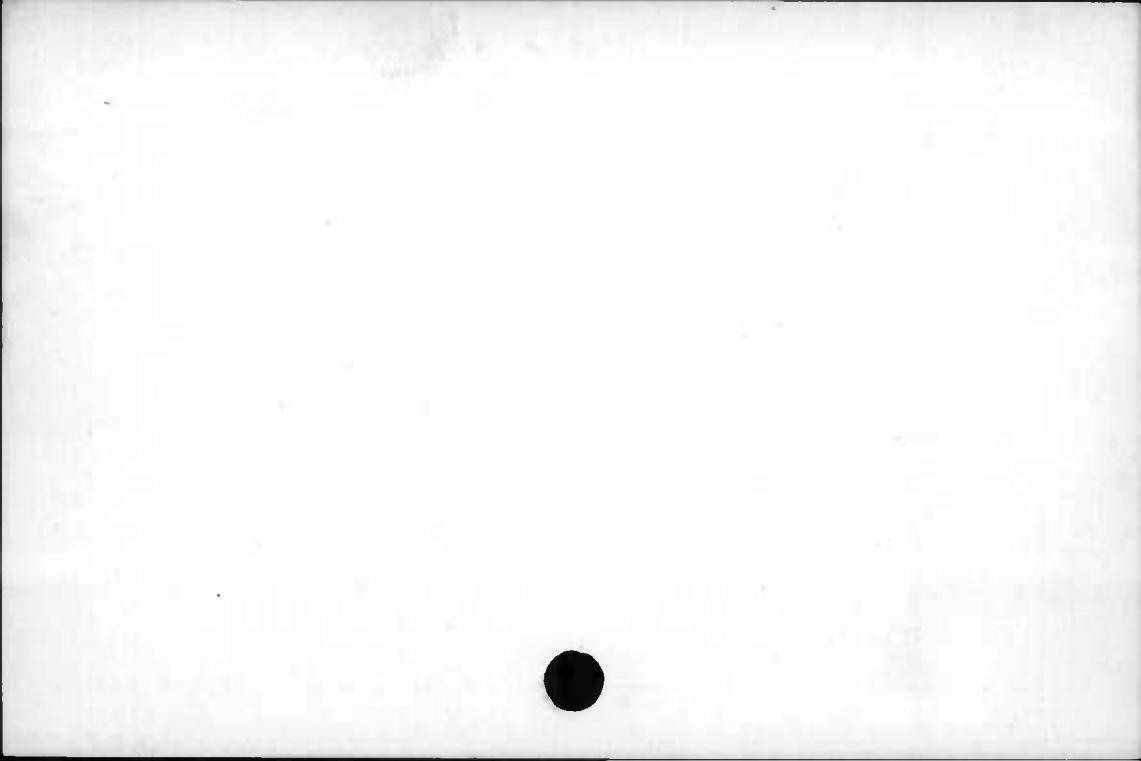
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		1906	Month <i>Sept</i>	Day <i>9</i>	Age <i>70</i>	Months <i>6</i>	Days <i>19</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Frederick City, Md.</i>			
Occupation <i>Bricklayer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Peter Hergersheim</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Ann Sophia Wisinger</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mrs Benj. Phelous</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cystitis - General Paralysis</i>	How long <i>several weeks</i>
Immediate	<i>Paralysis of heart</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. McQuinn, M.D.</i>
Address <i>Frederick, Md.</i>		
Accident or Suicide?		



Name
in
Full

Goldie Annie Elizabeth Hilderbrand

CERTIFICATE OF DEATH

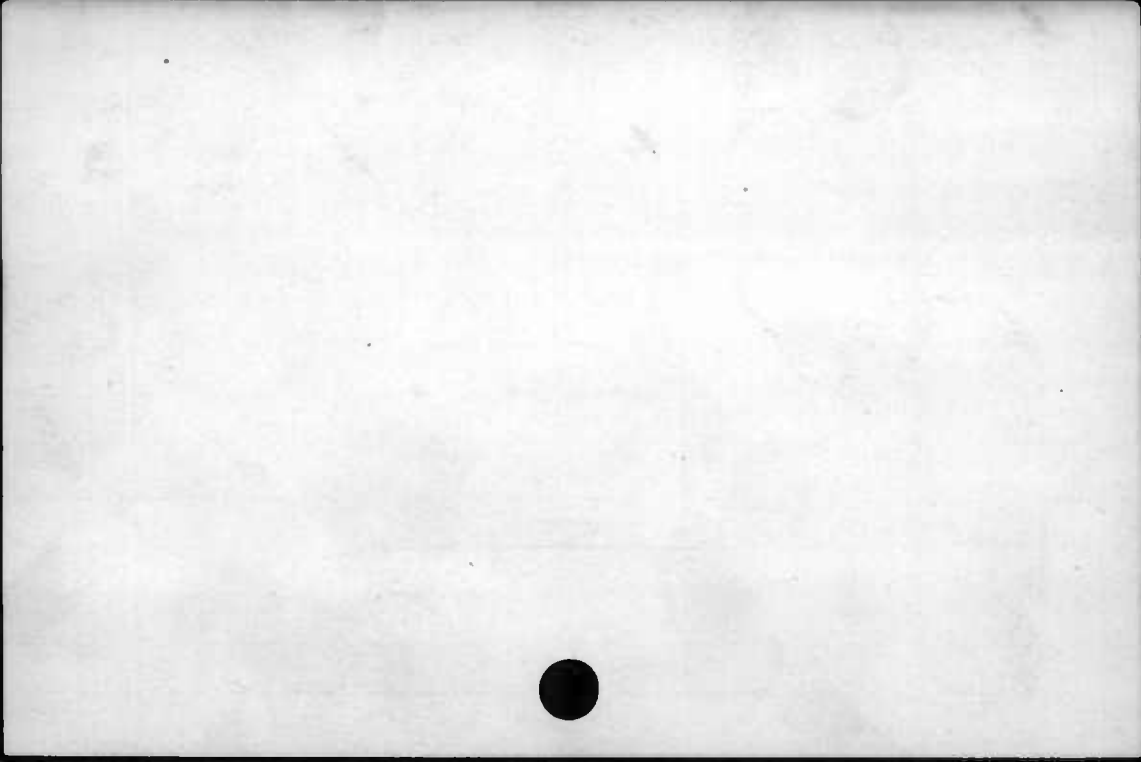
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ladysburg</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 1906	Month <i>Sept.</i>	Day <i>24</i>	Age <i>2</i> Years	Months <i>2</i>	Days <i>5</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ladysburg, Md.</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Chas. H. Smith</i>			Father's Birthplace <i>Fredk Co. Md.</i>		
Mother's Maiden Name <i>Alma Lorena May Hilderbrand</i>			Mother's Birthplace <i>Fredk Co., Md.</i>		
Name of person giving In formation <i>" " " "</i>			How related to deceased <i>Mother</i>		

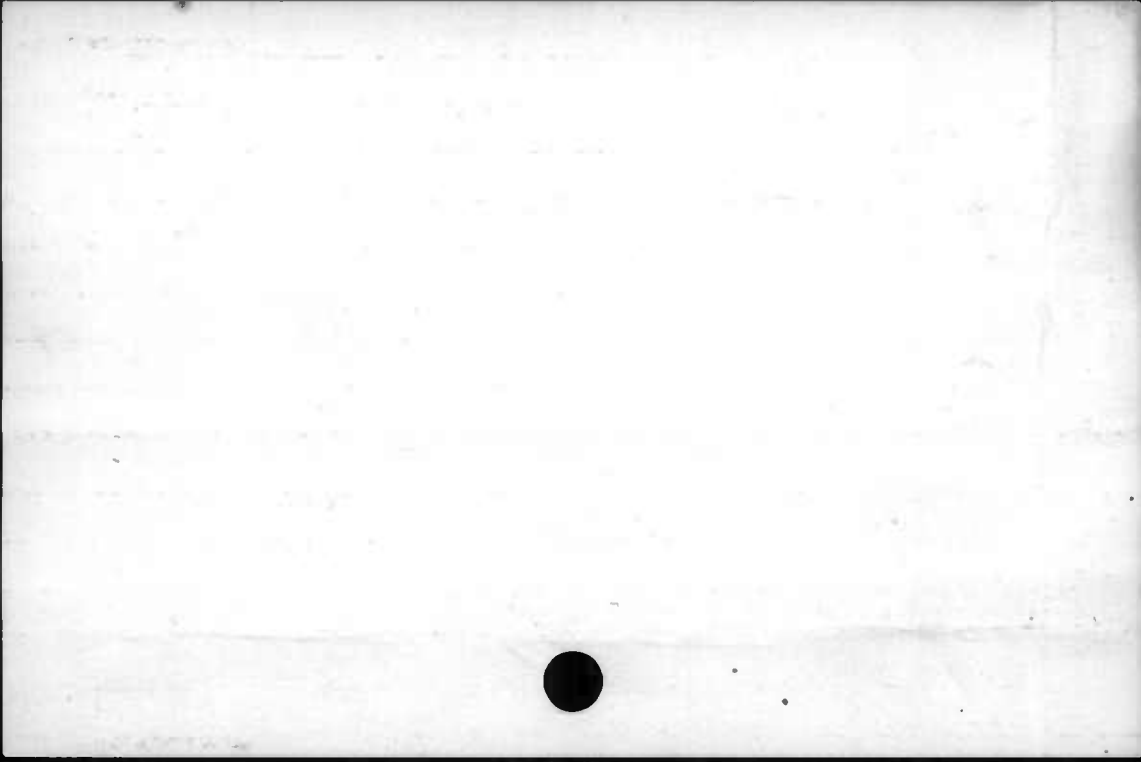
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>buffered from inanition</i>	How long <i>From birth</i>
Immediate <i>Convulsions.</i>	How long <i>36 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>	Signature of Physician <i>John S. Liggett, M.D.</i>
	Address <i>Ladysburg, Md.</i>
Accident or Suicide?	



Name in Full		Ruth Naomi Houch				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County							
		Hoodsboro		Indk.		MARYLAND							
		Date of death	1906	Month	9	Day	17	Age	Years	Months	10	Days	22
		Sex	Female	Color or Race	White	Birth-place	Hoodsboro.						
		Occupation			Where Residing If not at place of death								
Married, Single or Widowed		Name of Wife or Husband											
Father's Name		Howard Houch				Father's Birthplace		Hoodsboro.					
Mother's Maiden Name		Mamie Renner				Mother's Birthplace		Ladiesburg					
Name of person giving information		Howard Houch				How related to deceased		Father.					
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Cholera Infantum				How long		6 days					
		Convulsions				How long		8 hours.					
		Immediate											
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Ira H. Beall,					
		Address		Libertytown,		Md.							
Accident or Suicide?													



Name
in
Full

Sarah Jane Hull.

CERTIFICATE OF DEATH

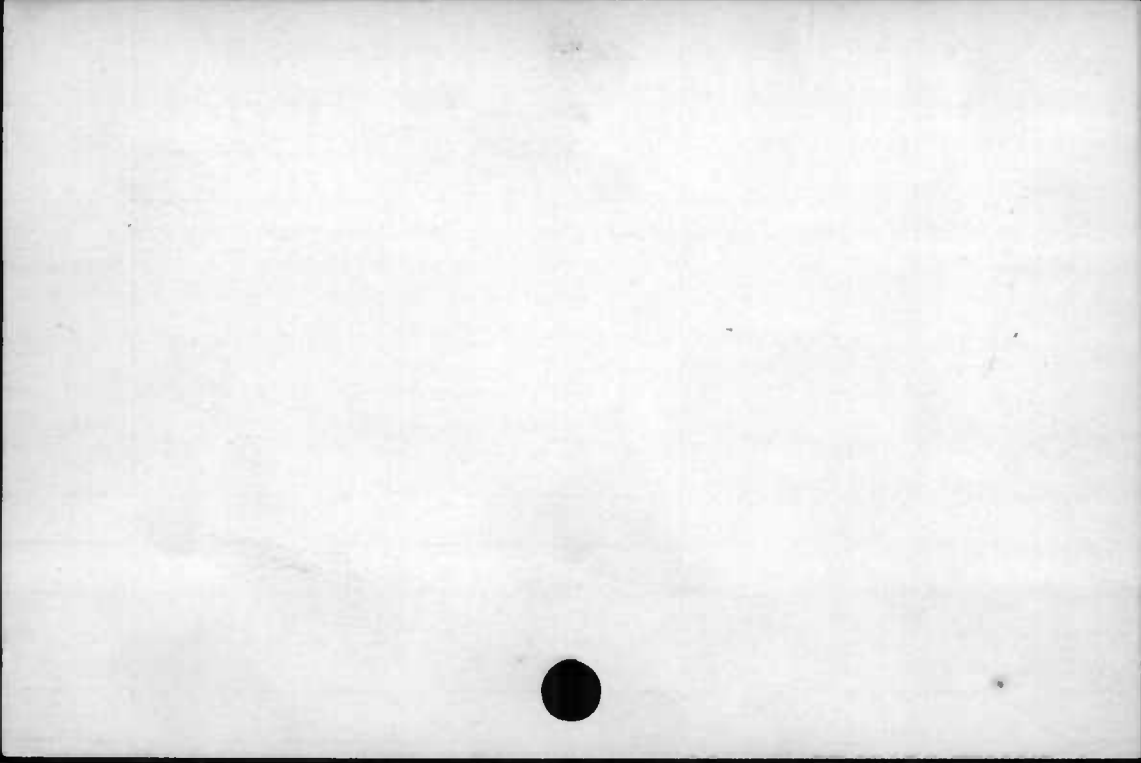
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoodsboro</i>		Town <i>Hoodsboro</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 1906	Month <i>9</i>	Day <i>23</i>	Age <i>68</i>	Years <i>7</i>	Months <i>12</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Hoodsboro.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housework.</i>				
Name of Wife Husband <i>Geo. H.</i>							
Father's Name <i>John A. Baker</i>				Father's Birthplace <i>Hoodsboro.</i>			
Mother's Maiden Name <i>Margt. Baker.</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Geo. H. Hull.</i>				How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gen Debility</i>	How long <i>154</i>	How long <i>7 yrs.</i>
Immediate <i>Gen Debility</i>	How long <i>154</i>	How long <i>7 yrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Kable</i>
		Address <i>Hoodsboro,</i>
		<i>Md.</i>
Accident or Suicide?		



Name
in
Full

Emma G. Hussmaul.

CERTIFICATE OF DEATH

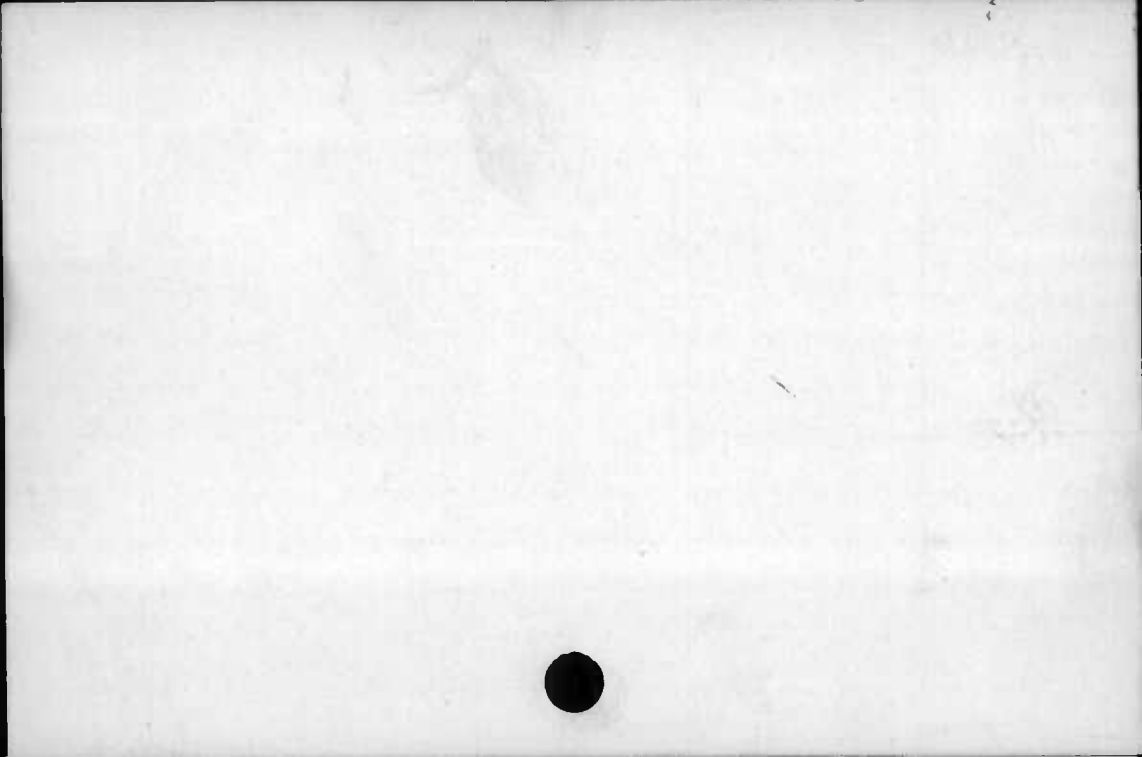
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1906	Month <i>9</i>	Day <i>8</i>	Age <i>50</i>	Years	Months <i>6</i>	Days <i>18</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>city</i>
Occupation	<i>House Wife</i>			Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Geo. H. Hussmaul</i>			
Father's Name	<i>George Engelbrecht</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Elizabeth Derr.</i>					Mother's Birthplace	<i>city</i>
Name of person giving information	<i>Geo. H. Hussmaul</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sarcoma of Femur</i>	How long	<i>5 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm M. Smith</i>
		Address	<i>Fredk. Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Mary Ann Skindle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

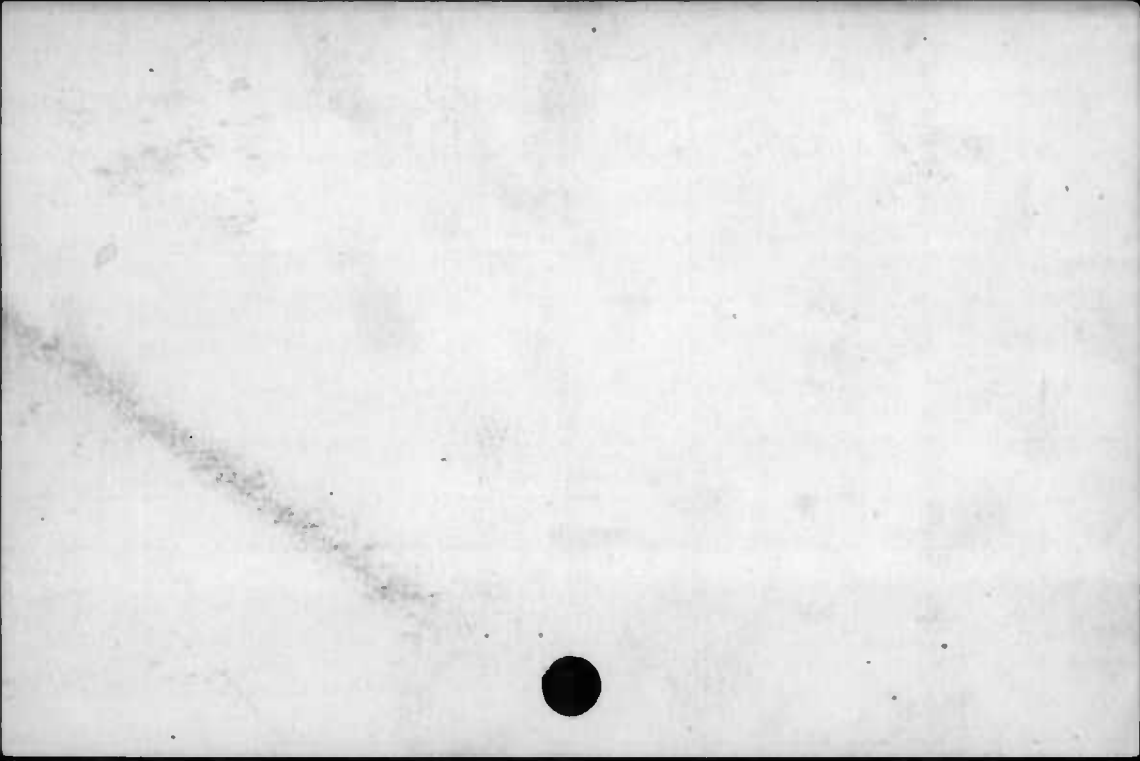
MARYLAND

Died at *Hotville* Town*Frederick* CountyDate of death *1906* Month *September*Day *12th* Age *74* YearsMonths *2*Days *16*Sex *Women*Color or Race *White*Birth-place *Pleasant Valley*Occupation *Farming*Where Residing if not at place of death *Pleasant Valley*Married, Single or Widowed *Widowed*Name of Wife or Husband *William Skindle*Father's Name *Jacob Bowman*Father's Birthplace *Pleasant Valley*Mother's Maiden Name *Lucy McAfee*Mother's Birthplace *Frederick County*Name of person giving information *Emory L. Buhman*How related to deceased *Son-in-law*

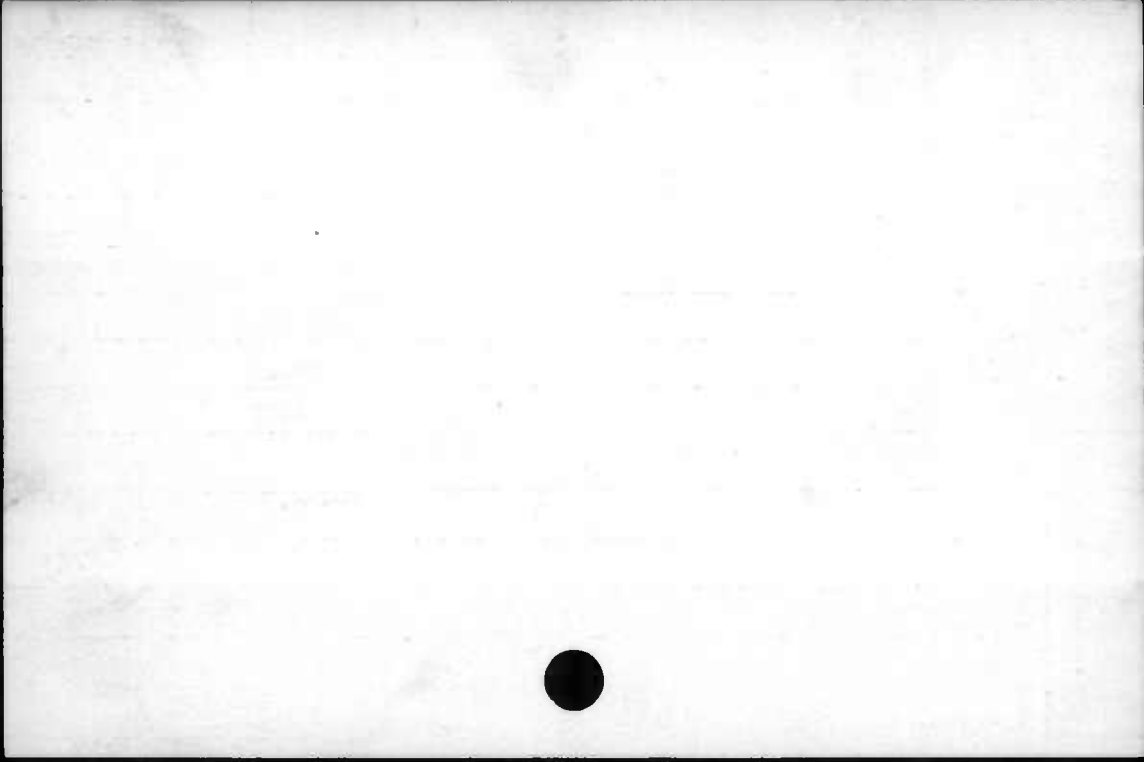
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Bright's Disease*How long *170* *one year*Immediate *Insomnia*How long *one day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. M. S. K. Sawyer*Address *Smithsburg Maryland*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
Howard Klein		Town Brunswick		County Frederick	
Died at		Date of death		Age	
1906		Sept - 28		15	
Sex Male		Color or Race white		Birth-place Brunswick	
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name H Clayton Klein		Father's Birthplace W Va			
Mother's Maiden Name Ella Miller		Mother's Birthplace Md			
Name of person giving information H Clayton Klein		How related to deceased Father			
CAUSES OF DEATH					
Primary Tubercular Meningitis		How long 5 days			
Immediate Exhaustion		How long 3 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. H. Horner			
		Address Brunswick Md.			
Accident or Suicide?					



Name in Full		Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near Garfield		^{County} Frederick		MARYLAND		
	Date of death	1906	Month	Sept	Day	18	Age
	Sex		Male		Color or Race		White
	Occupation				Birthplace		near Garfield
					Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Claude C. Lewis		Father's Birthplace		
	Mother's Maiden Name		Annie Hays		Mother's Birthplace		
	Name of person giving information		Annie Hays		How related to deceased		
					Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				Address		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age		Years	Months
6 Septbr.		3		10			
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Married, Single or Widowed		Occupation					
Single		None					
Name of Wife or Husband							
None							
Father's Name		Father's Birthplace					
Charles Lindsay		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Carrie Haifley		Maryland					
Name of person giving information		How related to deceased					
Murray Brightwell		In no way					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum	How long	8 days
	Immediate	Collapse	How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		yes -	
	Signature of Physician		Thos. P. Sappington	
Address		Unionville		
Accident or Suicide?		Maryland		



Name
in
Full

Sarah Linthicum

40, 20

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died ^{Town} near Fountain Mills^{County} FrederickDate
of death 1906Month
9Day
10

Age

Years
71

Months

Days

Sex Female

Color or
Race whiteBirth
place Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed widowedName of ~~Wife~~ or
Husband

Otho W. Linthicum (deceased)

Father's
Name Ephraim RitesFather's
Birthplace Don't knowMother's
Maiden Name Eleanor RitesMother's
Birthplace "Name of person giving
In formation Mrs. Elisabeth DavisHow related
to deceased daughter

CAUSES OF DEATH

Primary Cancer of Liver

How long 18 mos.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

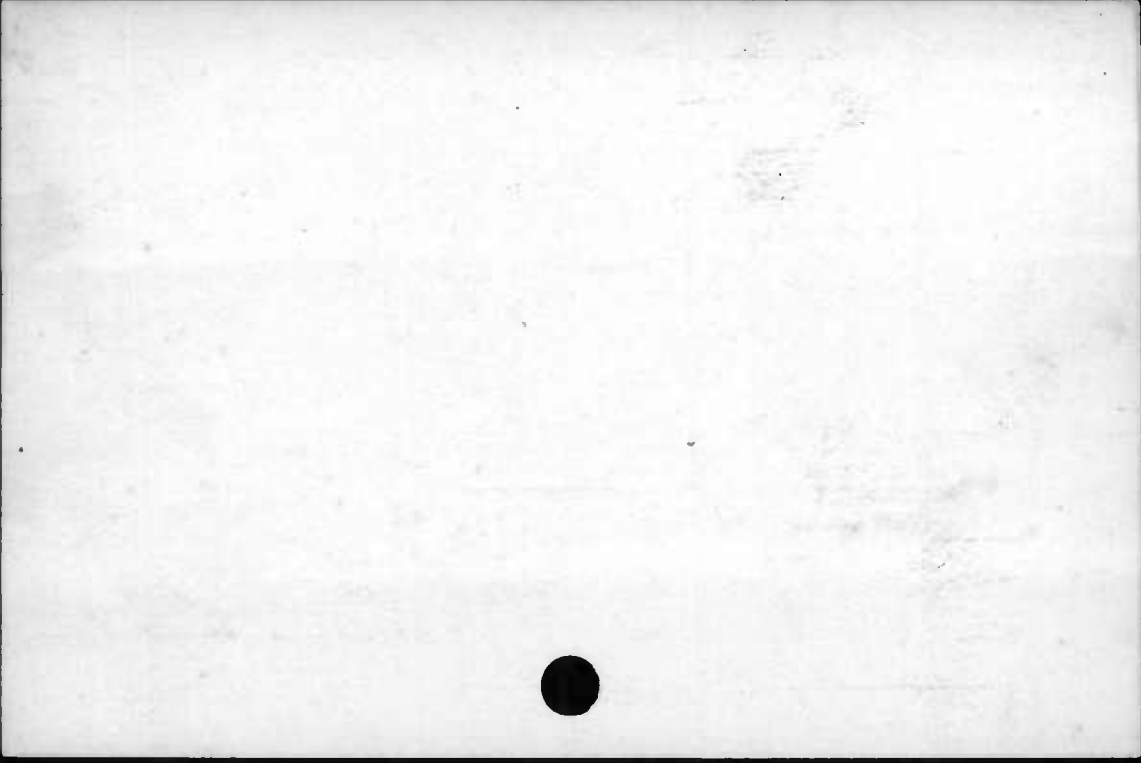
H. H. Hopkins Jr M.D.

New Market

Accident or Suicide?

no

Fud'k. Co., Maryland



Name
in
Full

Roy Lafayette Linton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1906	9	19	9	2	0
Sex	Color or Race		Birth-place		
Male	White		F. Co. Md.		
Occupation			Where Residing if not at place of death		
None			Yellow Springs Frederick Co. Md.		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name			Father's Birthplace		
James W. Linton			F. Co. Md.		
Mother's Maiden Name			Mother's Birthplace		
Clara R. News			" " "		
Name of person giving information			How related to deceased		
Mrs Linton			Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burn of Half Surface of</i>	How long	<i>2 week</i>
Immediate	<i>Tetanus</i>	How long	<i>24 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank H. Hedger	
		Address	
		Frederick	
Accident or Suicide? <input type="checkbox"/>			



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERName
in
Full

Miss Marguerite. Mc Guigon

CERTIFICATE OF DEATH

Died at		Town Frederick		County Cecil		MARYLAND	
Date of death	1906	Month Sept	Day 19	Age 77	Years (3)	Months —	Days —
Sex	Female		Color or Race	White		Birth- place	Thermont Md
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James McGuigan					Father's Birthplace	Thermont
Mother's Maiden Name	Sarah Burr					Mother's Birthplace	Thermont
Name of person giving In formation	James C. Barry Bro. in law					How related to deceased	Bro. in law.

CAUSES OF DEATH

Primary Old age

Immediate Exhaustion

How long

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Virginia Mary Martz

CERTIFICATE OF DEATH

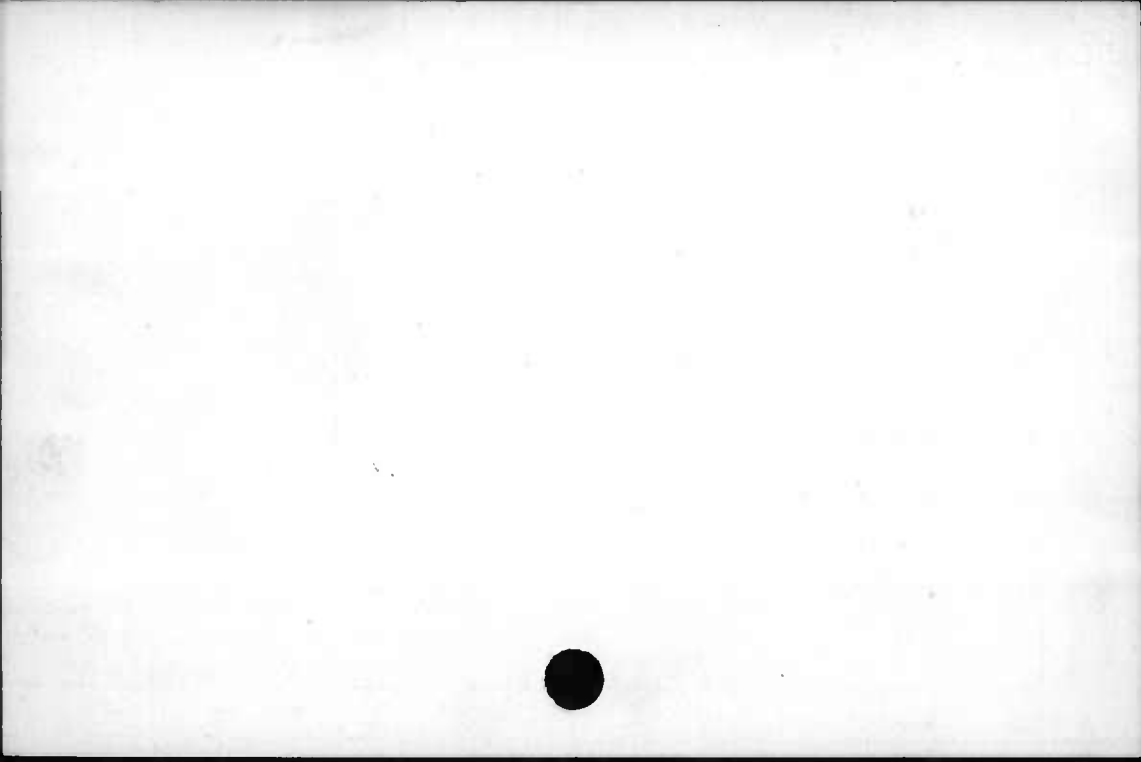
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1906	Month Sept.	Day 2	Age	Years	Months 10
Sex		Female		Color or Race		white	
Occupation				Birthplace		Frederick, Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Infant		Name of Wife or Husband			
Father's Name		Harvey D. Martz				Father's Birthplace	
Mother's Maiden Name		Bertha May Friley				Mother's Birthplace	
Name of person giving information		Harvey D. Martz				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hydrocephalus	How long	150	some months
Immediate	Asthemia	How long	"	4
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. B. Hendrix, M.D.		
Address		Frederick, Md.		
Accident or Suicide?				



Name
in
Full

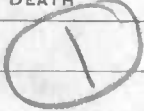
CERTIFICATE OF DEATH

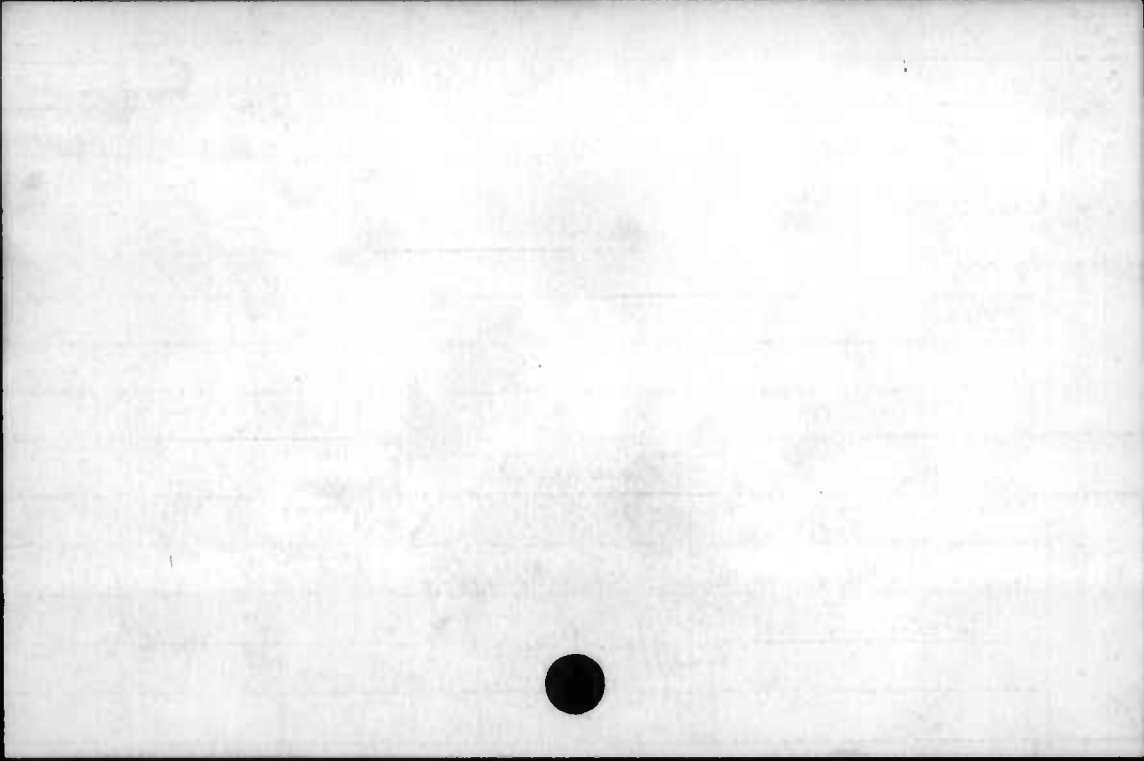
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Knoxville</i> ^{Town}		<i>Frederick</i> ^{County}			
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>46</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Moss</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Sarah Moss</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

Primary <i>Typhoid fever,</i>		How long <i>2 weeks</i>
Immediate <i>anaemia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Levin Frost</i>	
	Address <i>Brunswick Frederick Co.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geneva Messner

Died at *Catoctin* ^{Town} *Fredricks* ^{County} MARYLAND

Date of death *1906* ^{Month} *Sept* ^{Day} *19* ^{Years} *2* ^{Months} *5* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Catoctin*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Charles Messner* Father's Birthplace *Catoctin*

Mother's Maiden Name *Julia Geesey* Mother's Birthplace *"*

Name of person giving information *Charles Messner* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diphtheria* ⁽⁹⁾ How long *5 days*

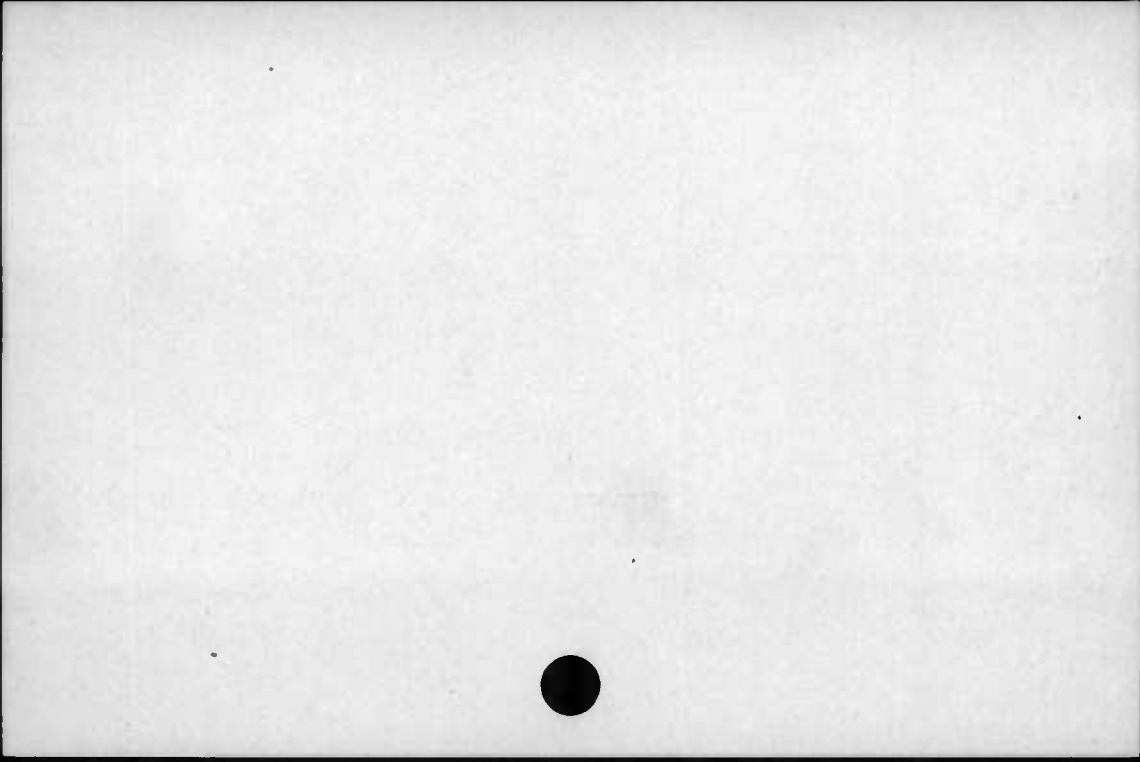
Immediate *Septicemia & Pharyngitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. A. Dail*

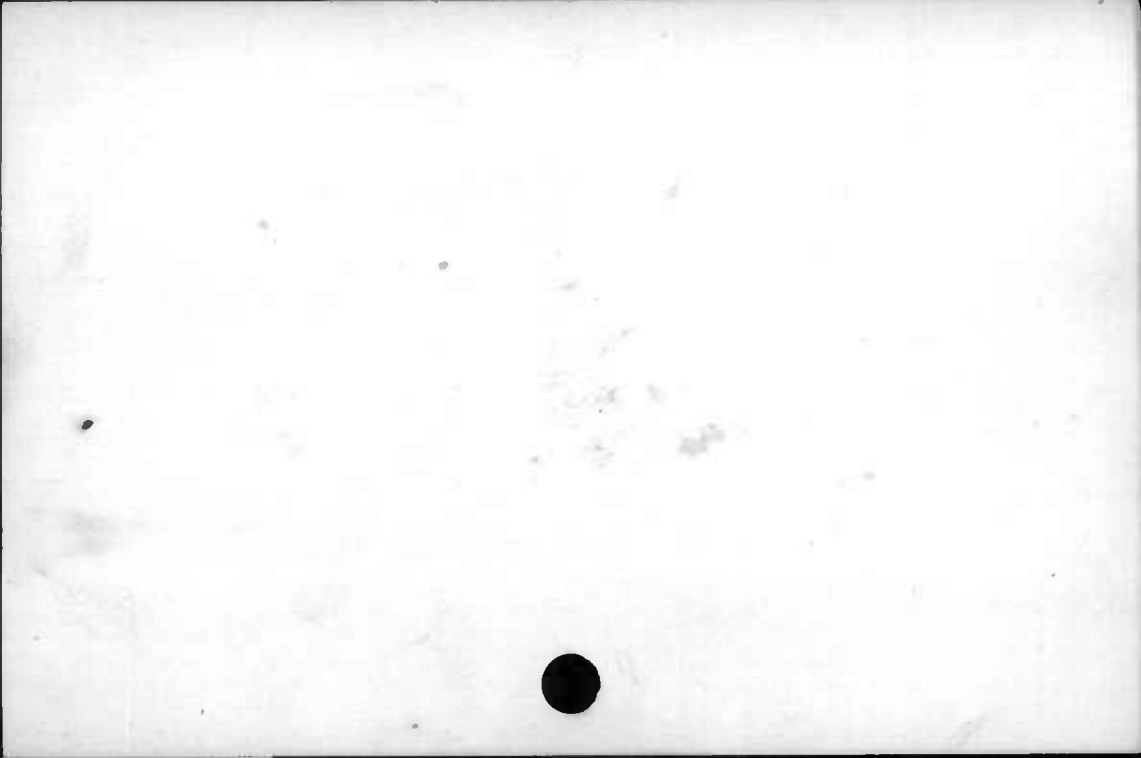
Address *Thurmont, Md*

Accident or Suicide? _____



Name in Full		Lola Blanch Miller				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Middletown		County			
				Fredericks		MARYLAND			
		Date of death	1906	Month	Sept.	Day	6	Years	10
						Months	8	Days	12
		Sex	Female		Color or Race	White		Birth-place	Middletown Md
		Occupation		None		Where Residing if not at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband			
		Father's Name		Franklin L Miller		Father's Birthplace			
		Mother's Maiden Name		Mollie R Routledge		Mother's Birthplace			
		Name of person giving information				How related to deceased			

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Intestinal obstruction	
	Immediate	Peritonitis	
	Are the name, age, sex, color, date and place correctly given above?		Yes
	Signature of Physician		E. E. Buckley
	Address		Middletown Md
Accident or Suicide?			



Name
in
Full

Charles Melvin Morris

CERTIFICATE OF DEATH

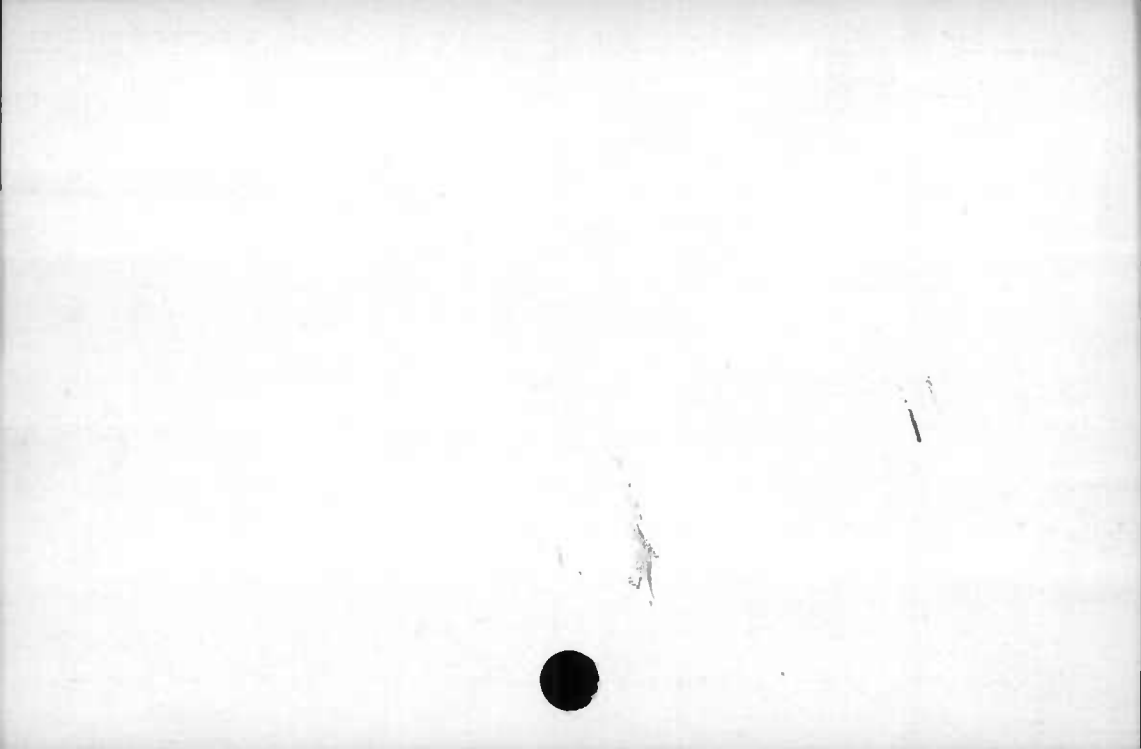
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burkettsville</u> ^{Town}		<u>Fredricks</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>sep</u>	Day <u>13</u>	Age <u>1</u>	Months <u>7</u>	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Burkettsville Md</u>		
Occupation <u>Child</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Stephen A. Morris</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Dora Jane White</u>		Mother's Birthplace <u>West</u>			
Name of person giving information <u>Stephen Morris</u>		How related to deceased <u>4 father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>From birth</u>
Immediate <u>Exhaustion</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. J. Miller</u>
	Address <u>Burkettsville Md</u>
Accident or Suicide?	



Name
in
Full

Reuben Morrisone

CERTIFICATE OF DEATH

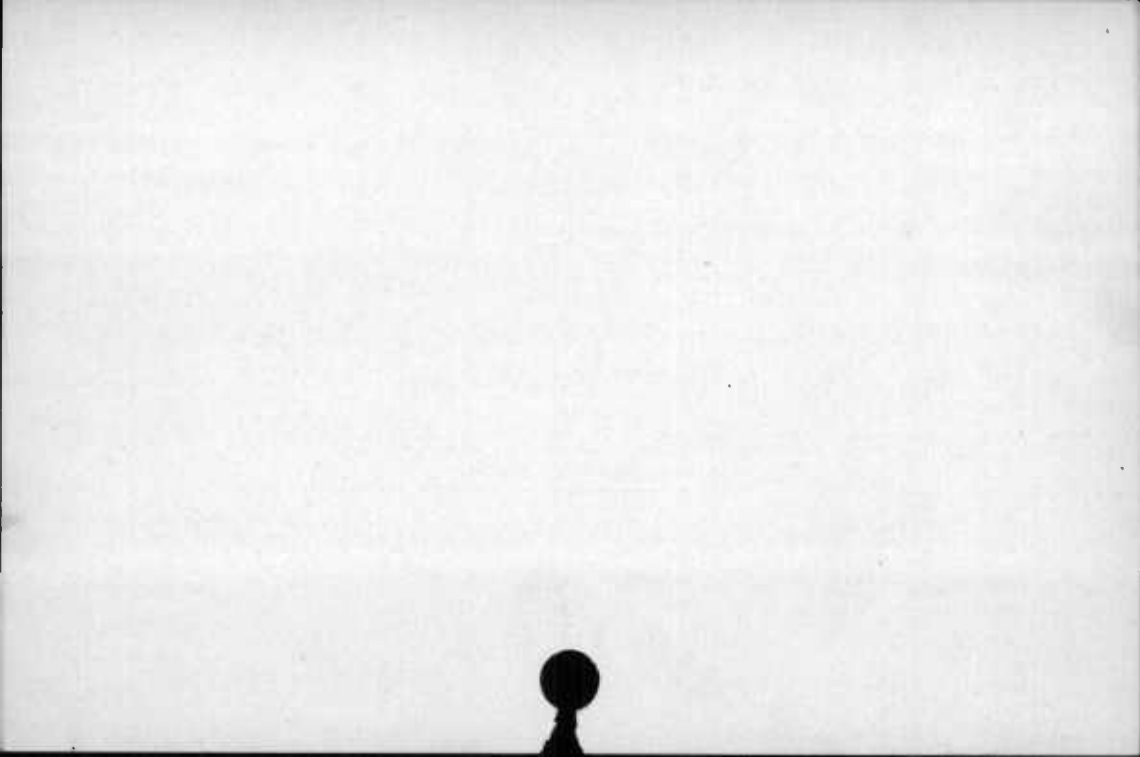
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	September	Day	26
Age	72	Years		Months	6
Sex	Male	Color or Race	White	Birthplace	Frederick Co. Md
Occupation	Retired Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name	Samuel Morrisone			Father's Birthplace	Don't Know
Mother's Maiden Name	Fetterly			Mother's Birthplace	Don't Know
Name of person giving information	Edward H. Rowe			How related to deceased	NONE

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diarrhea</i>	How long	<i>Eight days</i>
Immediate	<i>Prostration</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Michael Berger</i>
		Address	<i>Emmitsburg</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

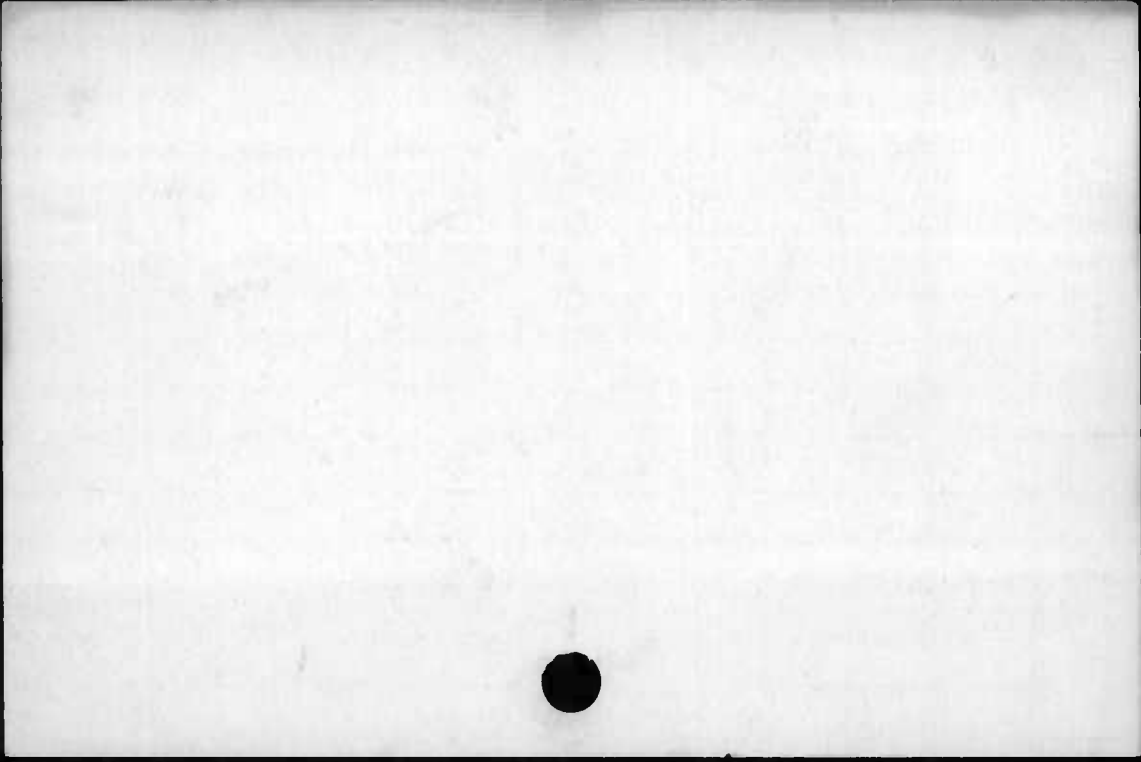
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha V. Meyers</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>9</i>		Day <i>15</i>		Age <i>56</i>	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>15</i>		Age <i>56</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mahlon E. Meyers</i>					
Father's Name <i>David W. Leather</i>		Father's Birthplace <i>F. E. Md.</i>					
Mother's Maiden Name <i>Margaret Hagan</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>E. L. Meyers</i>		How related to deceased <i>Son</i>					

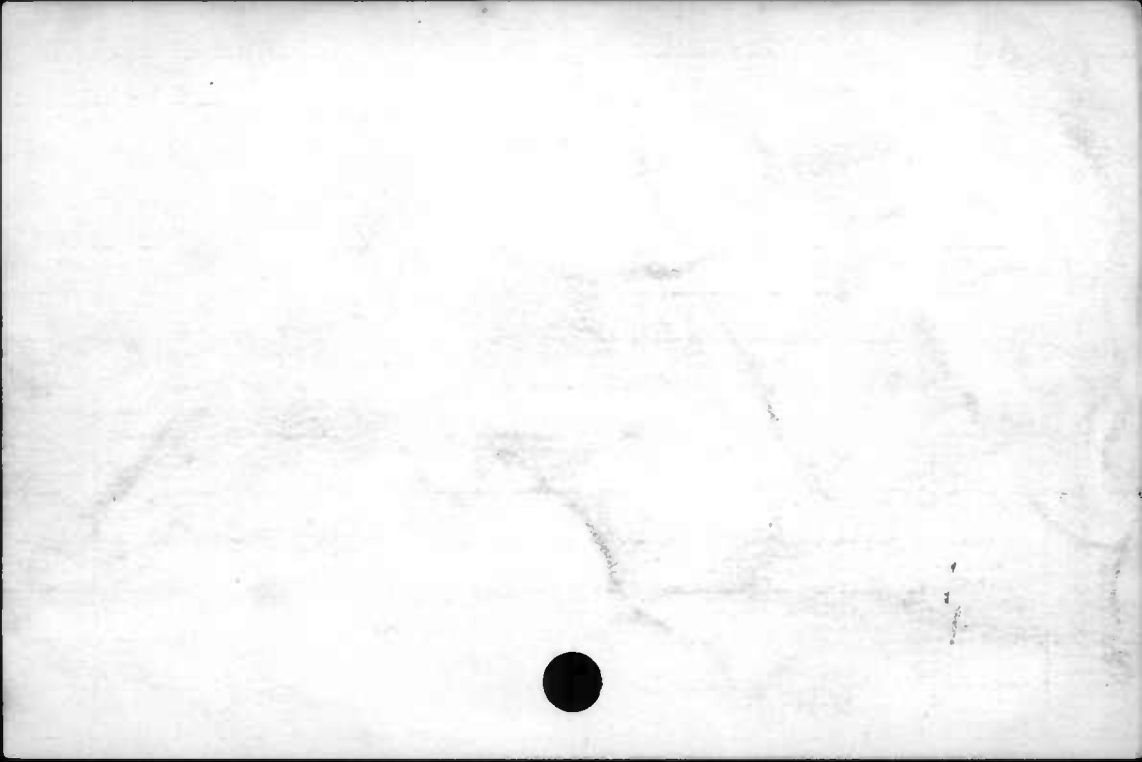
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Breast</i>	How long <i>Three years</i>
Immediate	<i>Carcinoma of Lungs</i>	How long <i>10 or 12 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Johnson</i>
		Address <i>Frederick Md.</i>
Accident or Suicide? <i>—</i>		



Name in Full		No. 22		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>New London</i>		^{County} <i>Frederick</i>		MARYLAND			
	Date of death	1906	Month	Sept	Day	25	Age	56
	Sex		Female		Color or Race		White	
	Occupation				Birth-place		<i>McKain P.O.</i>	
					Where Residing if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband <i>Larry Nelson</i>			
PHYSICIAN OR CORONER	Father's Name		<i>Reuben Shuttlesworth</i>		Father's Birthplace			
	Mother's Maiden Name		<i>Elizabeth</i>		Mother's Birthplace			
	Name of person giving information		<i>M. H. Nelson</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<i>Papilloma of Uterus</i>		How long			
	Immediate		<i>Asthenia</i>		How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Bernard O. Thomas M.D.</i>			
					Address <i>New Market</i>			
Accident or Suicide?				<i>Imp.</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Richls Mills* ^{Town} *Fred. Co.* ^{County}Date of death *1906* ^{Month} *9* ^{Day} *3* ^{Years} *31* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birth-place *Don't know*Occupation *Housewife* Where Residing If not at place of death *—*Married, Single
or WidowedName of Wife or
Husband*Walter O'Brien*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*John Francis Smith J.P.*How related
to deceased*Cousin*

CAUSES OF DEATH

Primary

Guns shot Wound

How long

10 min.

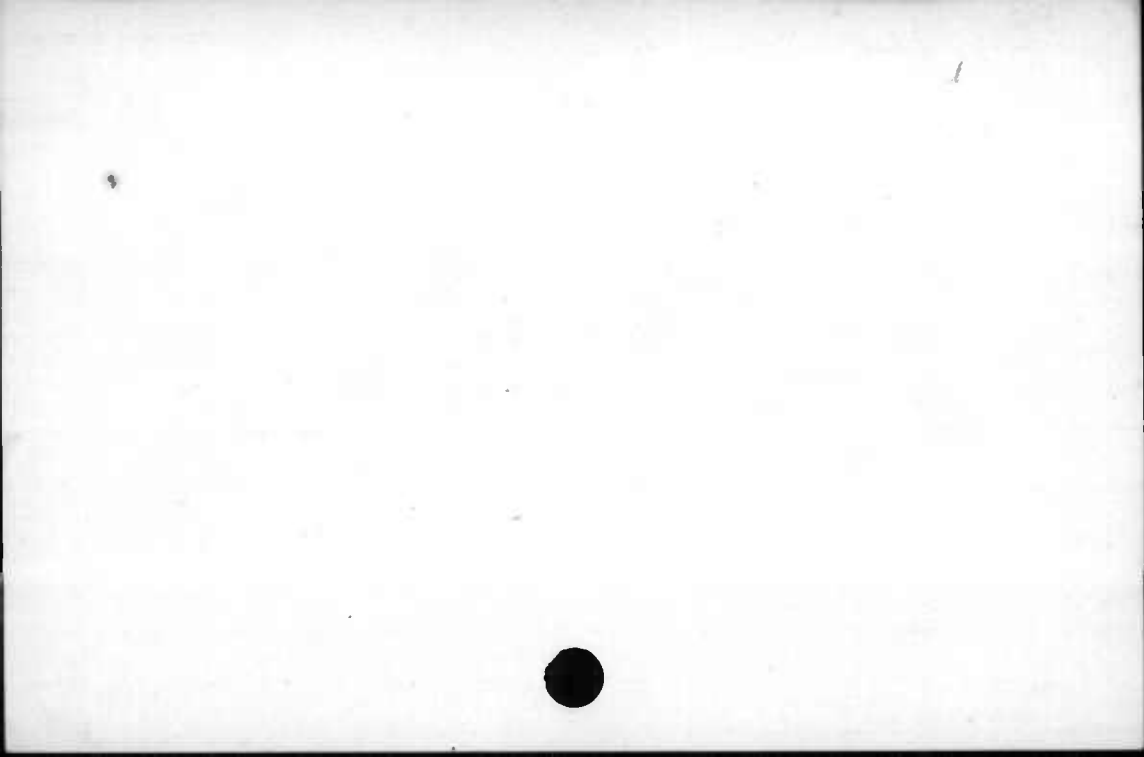
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. T. E. R. Miller*

Address

Fred. Md.

Accident or Suicide



Name
in
Full

Mertine Petrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

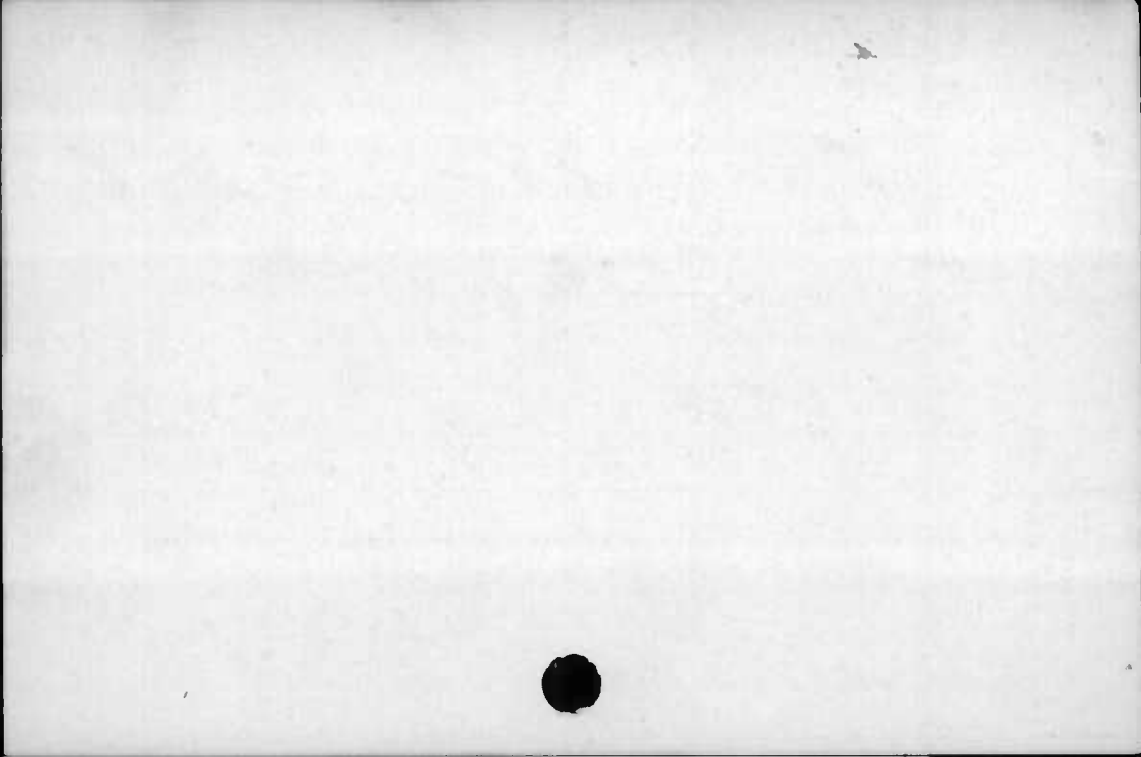
Died at <i>Montana Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>74</i>	Years <i>74</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Annin Arundell</i>				
Occupation <i>Labour</i>	Where Residing if not at place of death <i>X</i>						
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>						
Father's Name <i>X</i>	Father's Birthplace <i>X</i>						
Mother's Maiden Name <i>X</i>	Mother's Birthplace <i>X</i>						
Name of person giving information <i>H. M. Shook (Nurse)</i>	How related to deceased <i>X</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Genl Debility</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name
in
Full

No. 21

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sallye Probst

Died at *Monrovia* - *June 21* 19*61* *MD* **MARYLAND**

Date of death *1906* Month *Sept* Day *25* Age *77* Years Months Days

Sex *Female* Color or Race *White* Birth place *Frederick Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single *Married* Name of *Wife* *B. J. Probst* Husband

Father's Name *Bert Mason* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *J. W. Downey* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Sarcoma* How long *145*

Immediate *Sarcoma* How long *7 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. W. Downey MD*

Address *Frederick*

Accident or Suicide?



Name
in
Full

Albert Luther Powell

CERTIFICATE OF DEATH

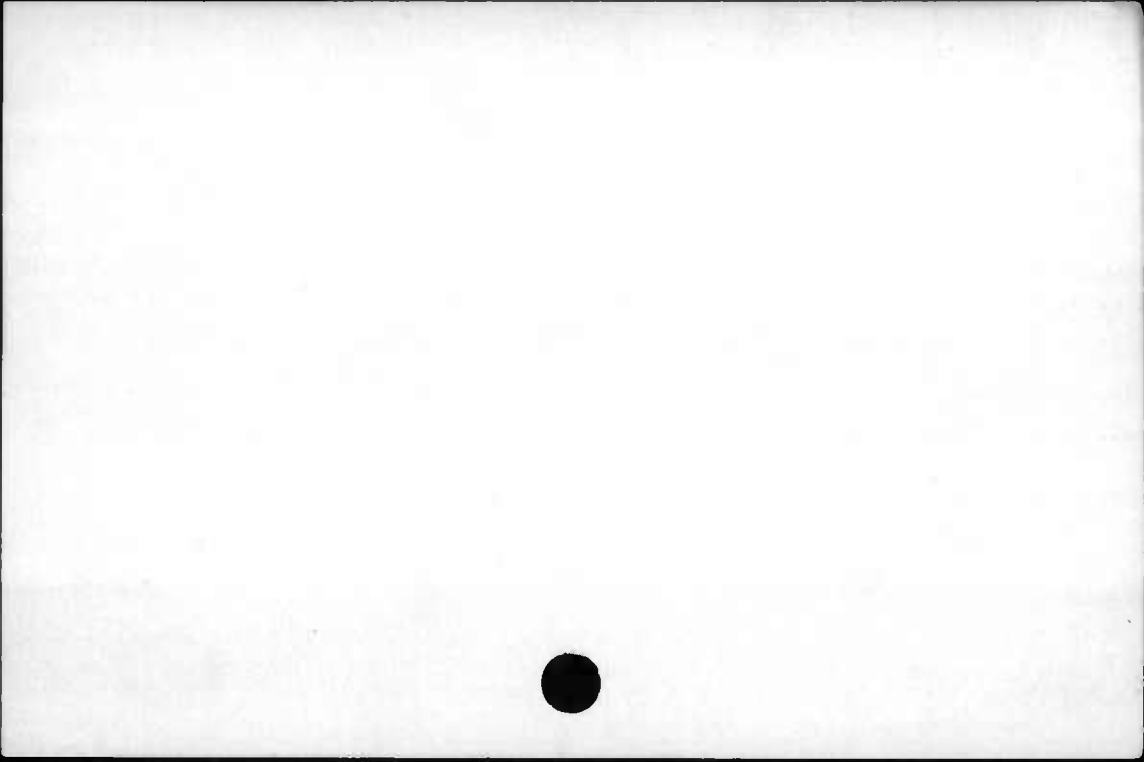
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lewestown</i> ^{Town}		<i>Lodovick</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Sept</i> ^{Month}	<i>29</i> ^{Day}	Age <i>71</i> ^{Years}	<i>10</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Shaper</i>			
Father's Name <i>Mr Powell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name			Mother's Birthplace <i>Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long
Immediate <i>Shock</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. B. Miller</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie Mary Quissar</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>9</i>		Day <i>14</i>		Years <i>38</i>	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>14</i>		Years <i>38</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>F. Co. Md</i>		Months <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>		Days <i>12</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob P. Quissar</i>		Father's Name <i>James Mull</i>		Father's Birthplace <i>F. Co. Md.</i>	
Mother's Maiden Name <i>Cornelia Ship</i>		Name of person giving information <i>Jas P. Quissar</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miliary Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Arteriosclerosis</i>	How long <i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. C. C. C.</i>
	Address <i>15 N. 2nd St.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Robert M. Rauesburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month <i>Sept.</i>	Day <i>1</i>	Age <i>60</i>	Years <i>-</i>	Months <i>9</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>white</i>			Birth- place <i>Frederick Md.</i>			
Occupation <i>Retired</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dora Camden</i>					
Father's Name <i>John H. Rauesburg</i>		Father's Birthplace <i>Frederick Md.</i>					
Mother's Maiden Name <i>Margaret Jane McCoubry</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Mr R M Rauesburg</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

Primary <i>Arterio Sclerosis - Chronic nephritis - Valvular Heart disease</i>	How long <i>Several years</i>
Immediate <i>Heart failure</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Hendrix Md.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Barry M.C.

Sept 4

Name in Full		Sarah Amanda Recher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Diad at ^{Town} near Smithsburg		^{County} Frederick		MARYLAND			
	Date of death	1906	Month	Sept.	Day	11	Age	68
	Sex	Female	Color or Race	white	Birth-place	Md		
	Occupation	Seamstress		Where Residing if not at place of death				
	Married, Single or Widowed	Widow		Name of Wife or Husband				
	Father's Name	Jacob Leatherman				Father's Birthplace	Md	
	Mother's Maiden Name	Sarah Wolfe				Mother's Birthplace		
PHYSICIAN OR CORONER	Name of person giving information		J. W. Hoover		How related to deceased		none.	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General debility				How long	10 or 15 yrs	
	Immediate	Heart Failure				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
	Accident or Suicide?				A. J. Smith, Walpsville, Md			



Name
in
Full

CERTIFICATE OF DEATH

Jennie Redmond
Town *Monticello* County *Fredricks*
Died at *Monticello Hospital*

MARYLAND

Date of death *1906* Month *Sept* Day *17* Age *22* Years Months Days

Sex *Female* Color or Race *White* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Typhoid fever & Pulmonary Tuberculosis* How long
Immediate *& pneumonia* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Burkittsville Fredk CountyDate of death 1906 Sept 30 Day 86 Years 6 Months 15 DaysSex Male Color or Race Coloured Birth-place VaOccupation Retired from Work Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband Gertrude Redmond

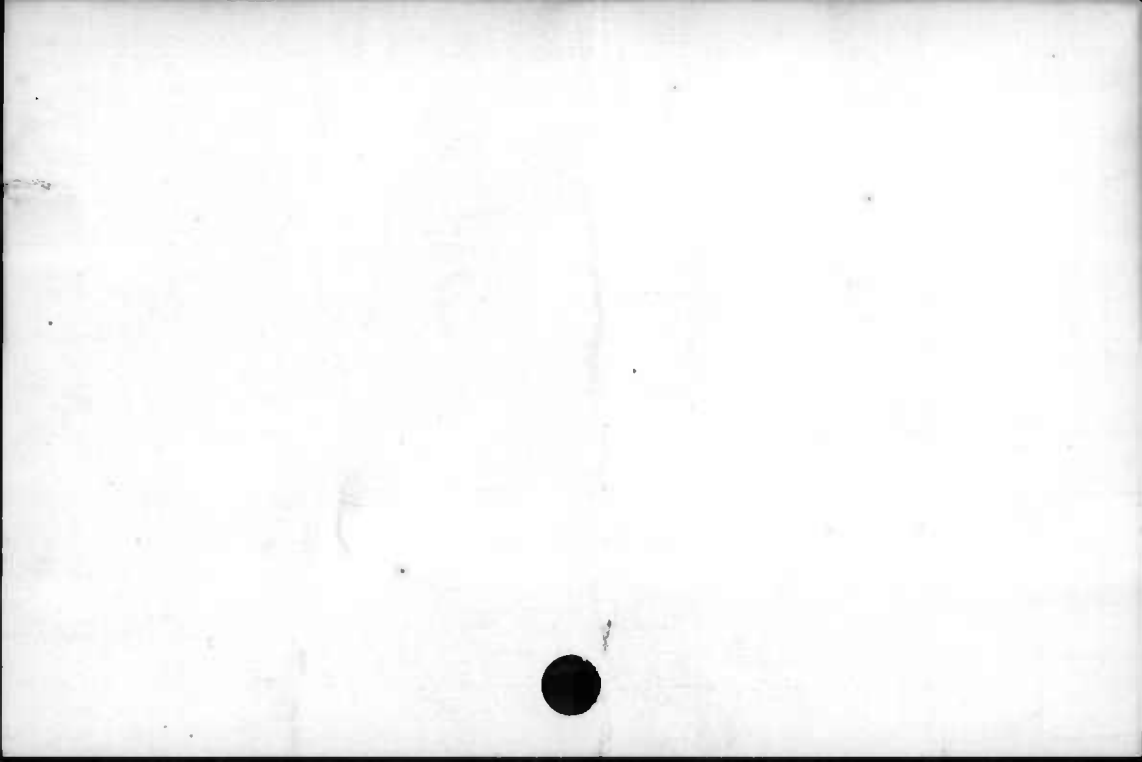
Father's Name _____ Father's Birthplace _____

Mother's Maiden Name Gertrude West Mother's Birthplace MDName of person giving information Steven West How related to deceased Father-in-law

CAUSES OF DEATH

Primary Old Age 64 How long _____
Immediate Hemiplegia How long One weekAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician George YounceAddress Burkittsville
Maryland

Accident or Suicide?



Name
in
Full

Infant Reich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Walkersville Md</i>		Town <i>Md</i>		County <i>Frederick</i>			
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>9th</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>"</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Re. E. Lee Reich</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elinor Graham Shuman</i>		Mother's Birthplace					
Name of person giving information <i>Dr. Wm C. Johnson</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born "twin"</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Crawford Shuman</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

Thos Infant Reich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hackensville, Md*

Town

Fredrick

County

MARYLAND

Date of death *1906 sept*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Md*Occupation
*None*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's Name *R. E. Lee Reich*Father's
Birthplace*Md*Mother's
Maiden Name *Eleanor Graham Johnson*Mother's
Birthplace*Md*Name of person giving
In formation *Dr. J. C. Johnson*How related
to deceased*Cousin*

CAUSES OF DEATH

Primary *Slits Born*

How long

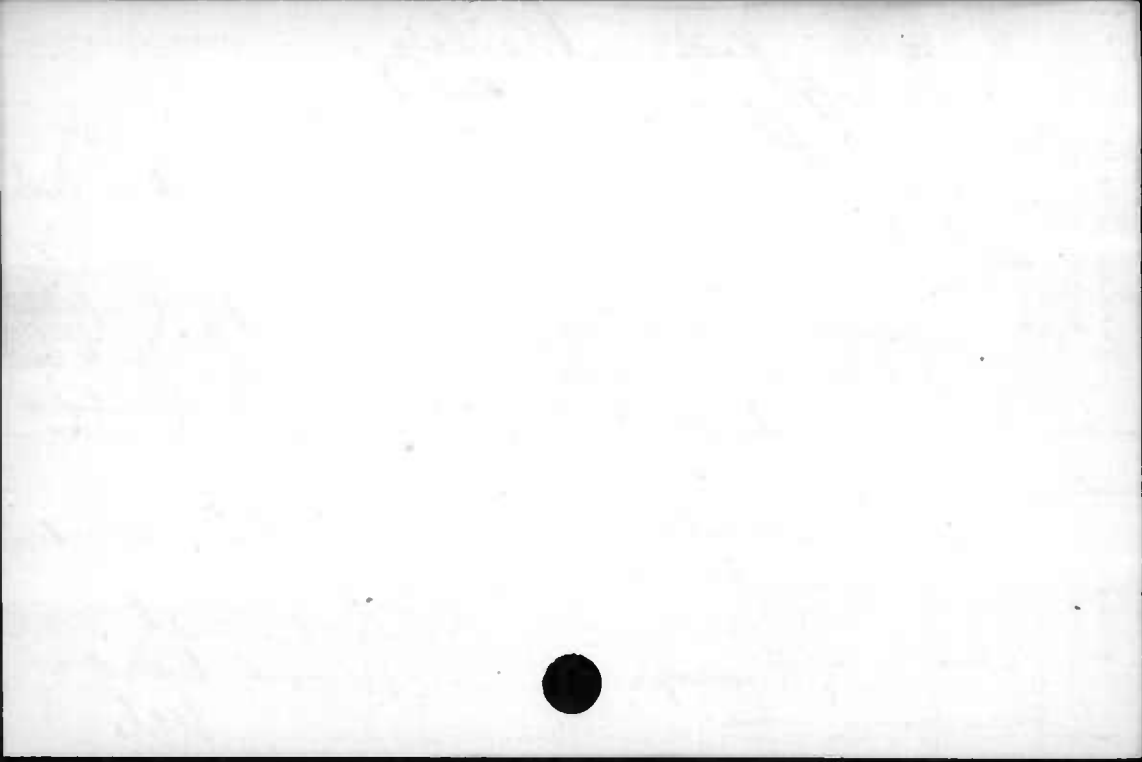
Immediate

How long

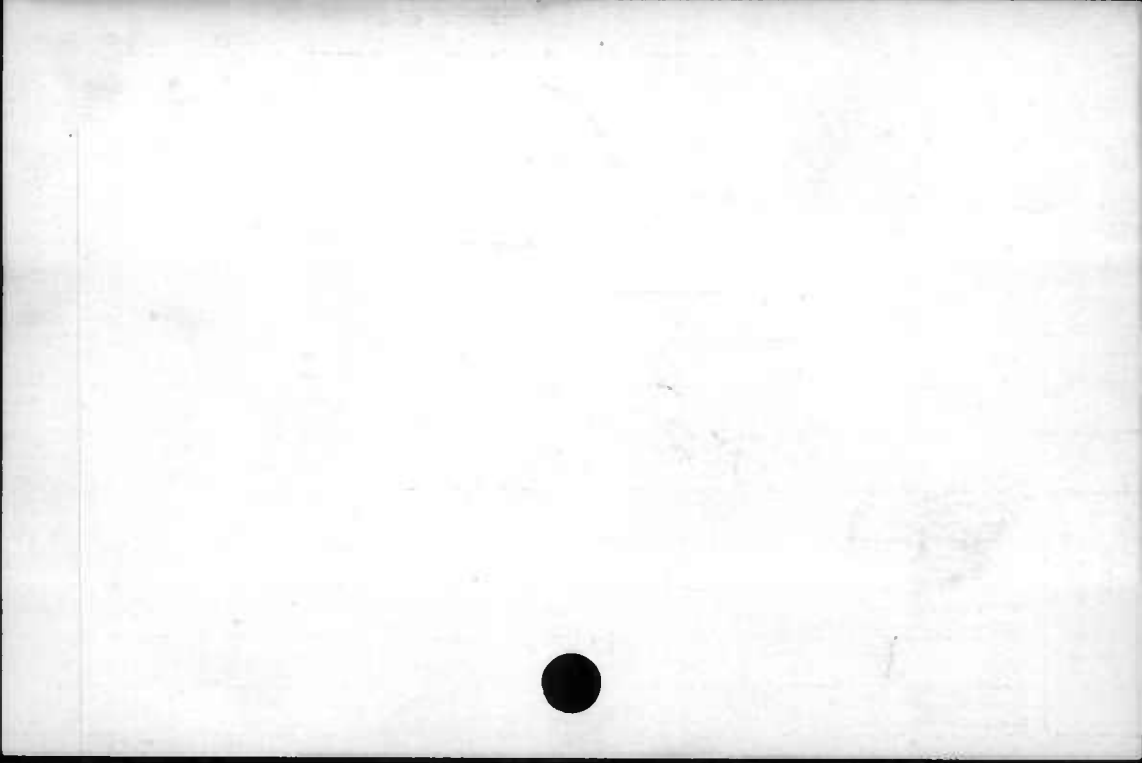
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Mr. Crawford Johnson*

Address

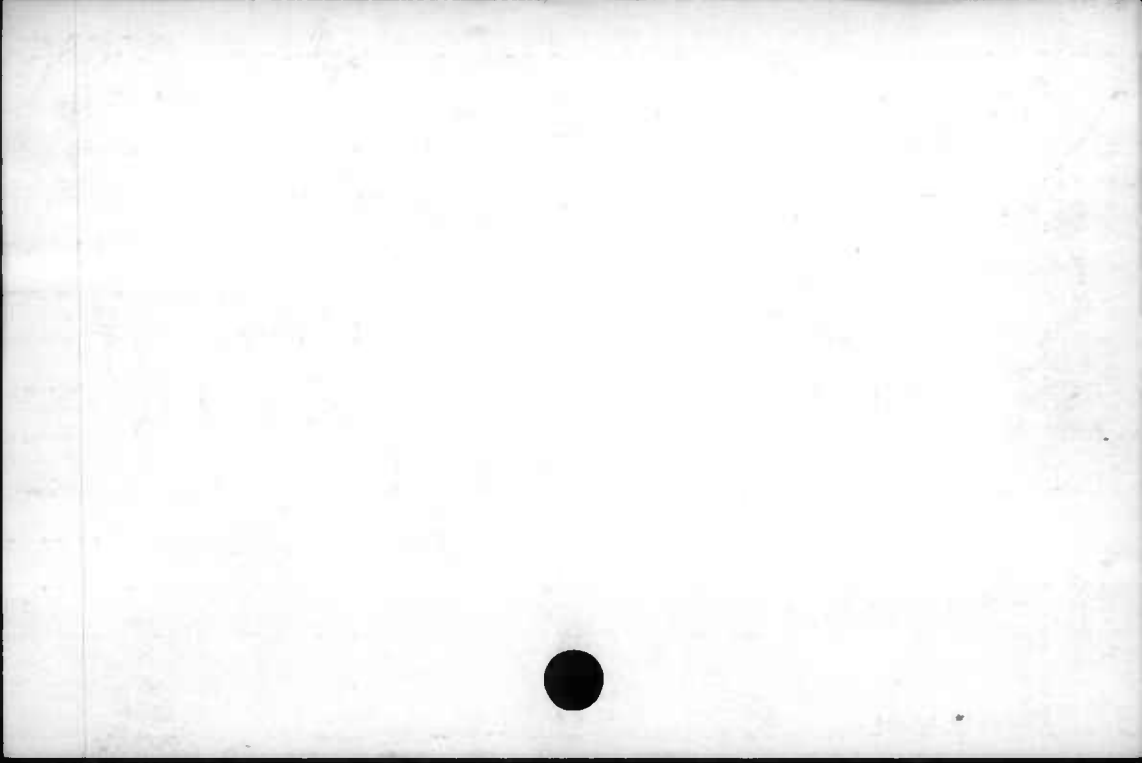
*Fredrick
Md*T. E. R. MILLER,
FREDERICK, MD.
Accident or Suicide?



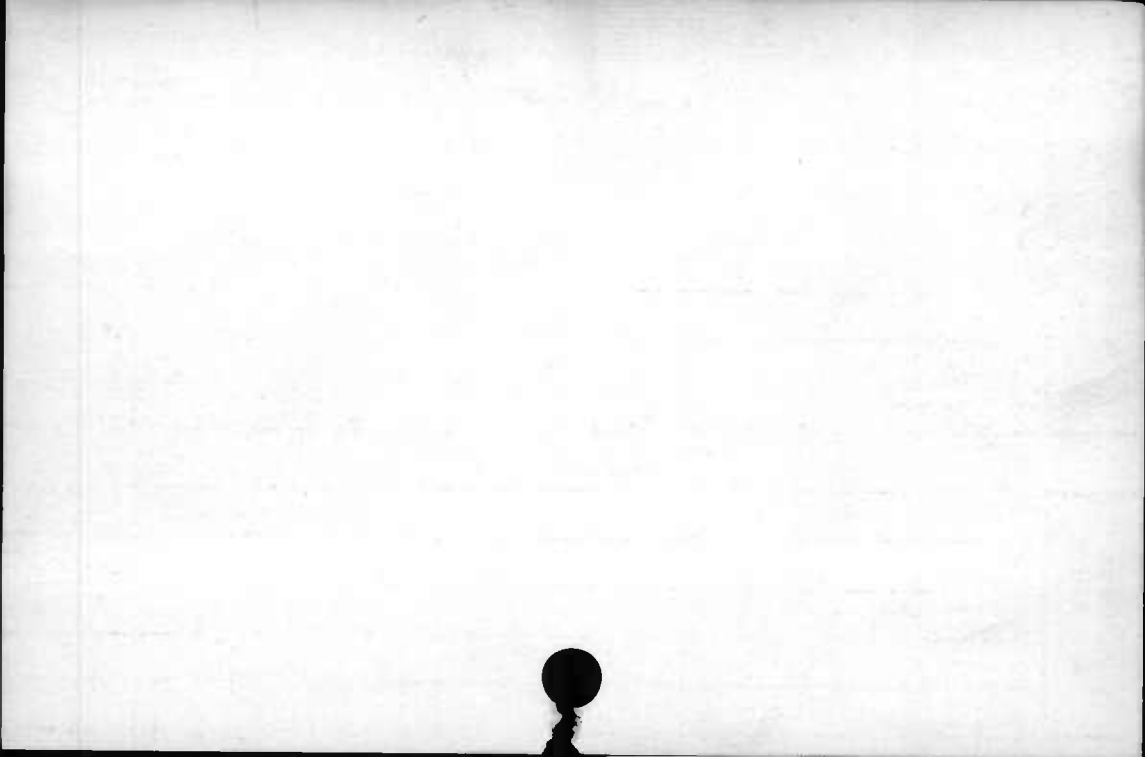
Name in Full Ellen Jane Reiley		CERTIFICATE OF DEATH	
Died at ^{Near} Liberty ^{Town}		^{County} Fredrick	
Date of death 1906 ^{Month} Sept ^{Day} 14		Age 84 ^{Years} 3 ^{Months} 5 ^{Days}	
Sex Female Color or Race White		Birthplace Cumberland Md	
Occupation School teacher		Where Residing if not at place of death <input checked="" type="checkbox"/>	
Married Single or Widowed		Name of Wife or Husband	
Father's Name James Reiley		Father's Birthplace Pa. (Cumberland Co.)	
Mother's Maiden Name Eleanor Ewing		Mother's Birthplace Pa. (York Co.)	
Name of person giving in formation Sallie M. Reiley		How related to deceased Pa. (Cumberland Co.)	
CAUSES OF DEATH			
Primary Dysentery		How long Three weeks	
Immediate General Anemia		How long <input checked="" type="checkbox"/>	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. A. Stultz	
To what of my knowledge		Address Woodlboro Md.	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name in Full		Robert M. Rice				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Libertytown</i>		County <i>Frederick</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>9</i>	Day <i>13</i>	Age <i>—</i>	Months <i>2</i>	Days <i>17</i>	
	Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Libertytown</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Wm. H. Rice jr.</i>				Father's Birthplace <i>Libertytown</i>		
	Mother's Maiden Name <i>H. S. Rider</i>				Mother's Birthplace <i>New York</i>		
Name of person giving information <i>Wm. H. Rice</i>				How related to deceased <i>Grandfather</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">105</div>							
PHYSICIAN OR CORONER	Primary <i>Constitutional Disease</i>			How long <i>2 mo. 17 days</i>			
	Immediate <i>Cholera Infantum</i>			How long <i>3 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Geo. H. Beale</i>			
	<i>Q</i>			Address <i>Libertytown</i>			
	Accident or Suicide? <i>Q</i>						



Name in Full		Minnie Seifz				CERTIFICATE OF DEATH	
Town		County		MARYLAND			
Died at		Brunswick		Baltimore			
Date of death		1906	Sept	16	Age	42	
Sex		Female		Color or Race		white	
Occupation		Housewife		Birth-place		Baltimore	
Married, Single or Widowed		married		Name of Wife or Husband		Edward Seifz	
Father's Name		Joseph Waldheiser		Father's Birthplace		Germany	
Mother's Maiden Name		Louise Berring		Mother's Birthplace		C I	
Name of person giving information		Louise McLaughlin		How related to deceased		Sister	
CAUSES OF DEATH							
Primary		Pulmonary Sarcocoma		How long		15	
Immediate		Pulmonary Sarcocoma		How long		8 mo	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. Horine	
Accident or Suicide?		no		Address		Brunswick Md	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bolinas</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>Sept.</i>	Day <i>28</i>	Age Years <i>79</i>		Months <i>11</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Daniel Smith</i>					
Father's Name <i>Vincent Summers</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Susan Heutzell</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>M. E. Smith</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Apoplexy</i>	How long	<i>Sudden</i>
Immediate	<i>Hemorrhage, Shock</i>	How long	<i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. Hubert Wade, M.D.</i>	
		Address	
		<i>Bolinas</i>	
Accident or Suicide?			
<i>No</i>		<i>Maryland</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>John Francis Stansbury</i>		Town <i>Monticure</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	7th	Years	10
Sex	Male		Color or Race	Black		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

Primary

Typhoid fever

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

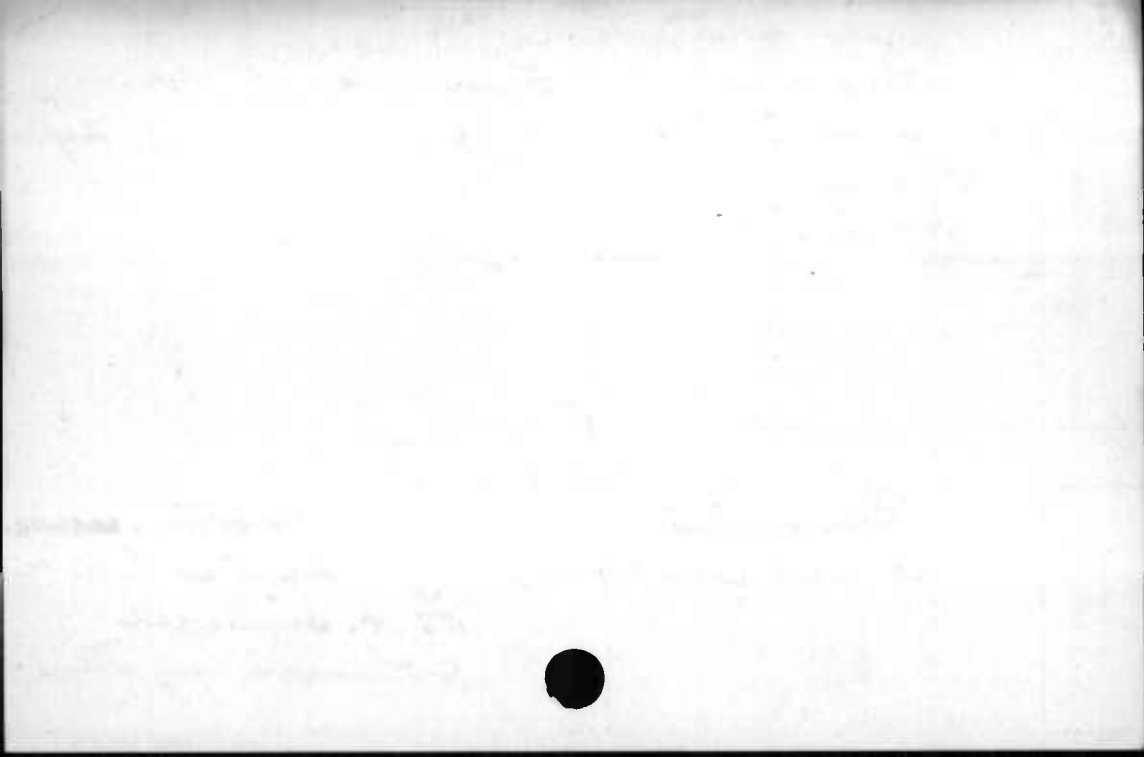
Address

R. S. Lyson
Frederick
Md.

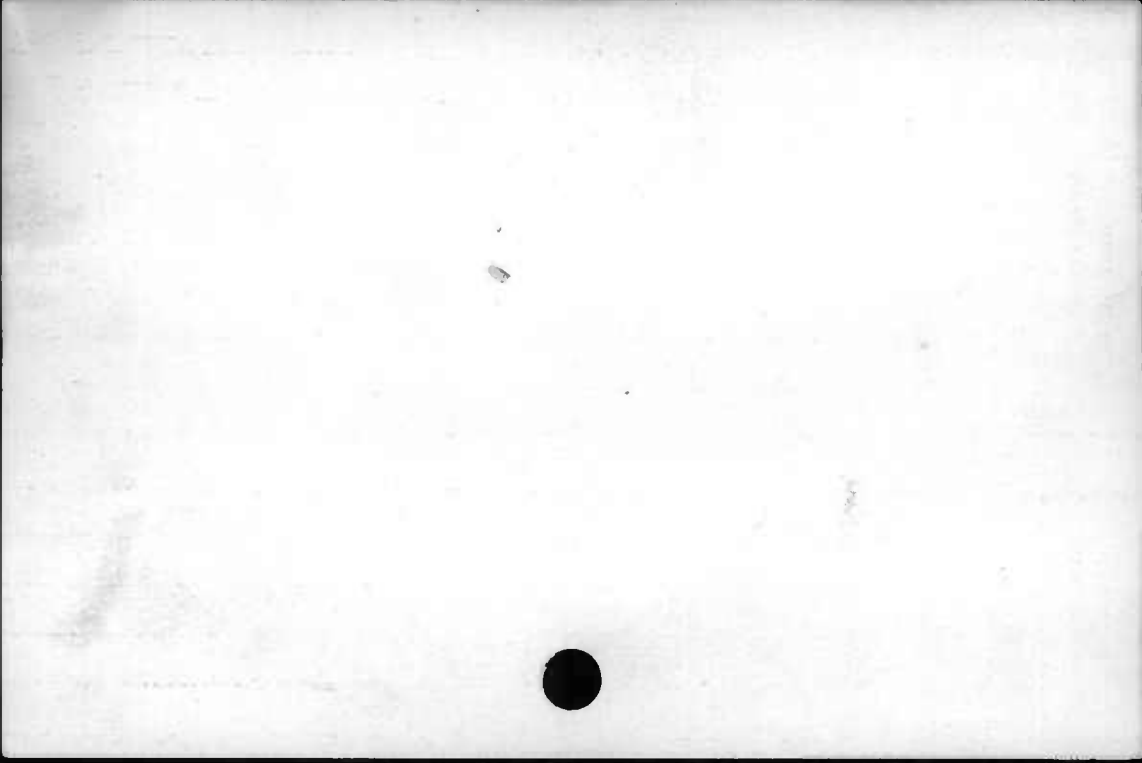
Accident or Suicide?



Name in Full		Infant Stottmeyer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wheat</i>		Town		<i>Frank</i>		County
	Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>28th</i>		Years
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place		<i>Ind</i>
	Occupation <i>None</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband				
	Father's Name <i>Henry Stottmeyer</i>		Father's Birthplace <i>Ind</i>				
	Mother's Maiden Name <i>Effie Rose Harper</i>		Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>E. D. Neighbor attendant</i>		How related to deceased <i>not related</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Protracted Labor</i>		<i>151</i>		How long <i>48 hours</i>		
	Immediate <i>Halectan</i>		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. Miller</i>				
			Address				
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
Mary Stower		TOWN County			
Died at Johnsville		Frederick		MARYLAND	
Date of death 1906		Month Sept.	Day 11	Years 76	Months 7 Days 24
Sex Female		Color or Race white		Birth-place Johnsville	
Occupation Housewife		Where Residing if not at place of death			
Married Single Widowed		Name of Wife Husband John W. Stower +			
Father's Name William Deihl		Father's Birthplace Johnsville			
Mother's Maiden Name Deihl		Mother's Birthplace			
Name of person giving information Sarah E. Grossnickle		How related to deceased Daughter			
CAUSES OF DEATH					
Primary Bronchitis		(64)		How long Two or three weeks	
Immediate Cerebral Apoplexy				How long 24 to 30 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F. H. Sidwell		Address Johnsville, Md.	
Accident or Suicide?					



Name
in
Full

Lloyd L. Tupper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Frederick</i> County		MARYLAND	
Date of death	1906 <i>Feb</i> ^{Month}	<i>12</i> ^{Day}	<i>7</i> ^{Years}	<i>9</i> ^{Months}	<i>9</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Emmitsburg</i>
Occupation	<i>-</i>		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Jacob L. Tupper</i>		Father's Birthplace	<i>Emmitsburg</i>
Mother's Maiden Name		<i>Soddi Wagoner</i>		Mother's Birthplace	<i>Emmitsburg</i>
Name of person giving information		<i>Samuel Tupper</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ileo-Colitis</i>	How long	<i>Two months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>L. E. Stone M.D.</i>
		Address	<i>Emmitsburg</i> <i>Ind.</i>
Accident or Suicide?			



Name
in
Full

Williams H Williams S

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Knoxville^{County} BrainerdDate of death 1906 ^{Month} Sept- ^{Day} 12^{Years} Age 65

Months

Days

Sex Male

Color or
Race

colored

Birth-
place

Va

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
HusbandFather's
Name

Jas Thomas Williams

Father's
Birthplace

Va

Mother's
Maiden Name

Lucy Thomas

Mother's
Birthplace

Va

Name of person giving
In formation

Joseph G Fletcher

How related
to deceased

nephew

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

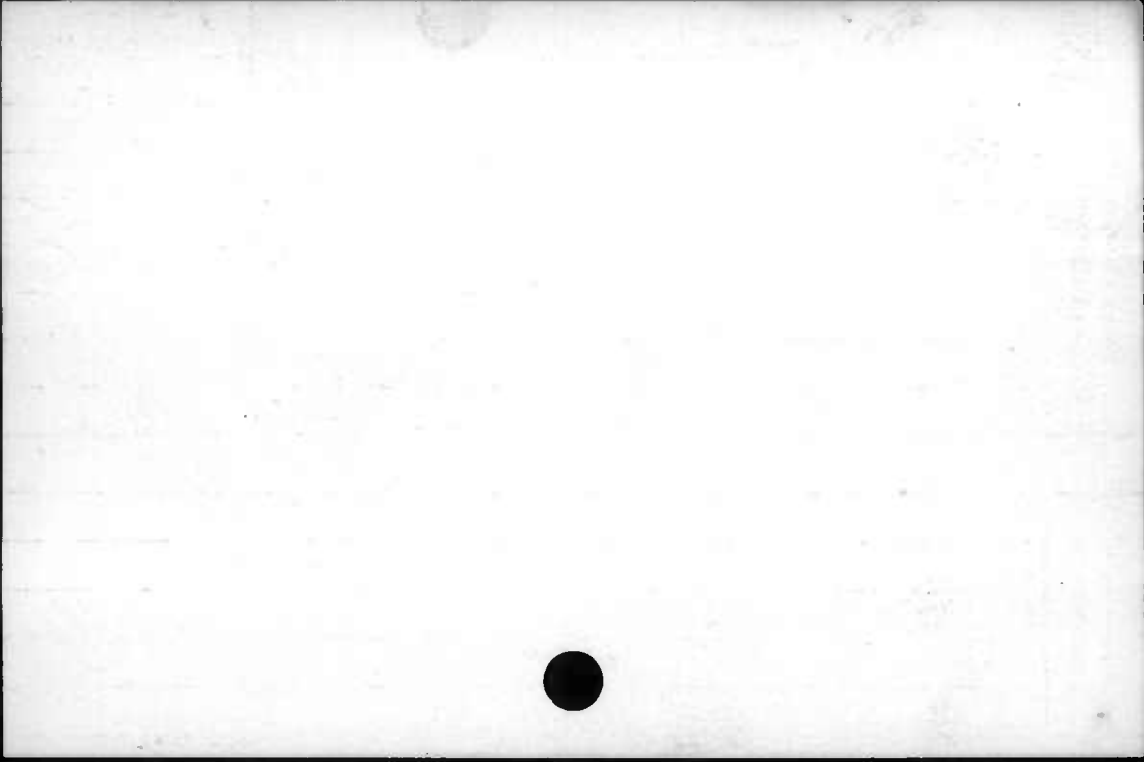
Signature of
Physician

Address

A. H. Horner

Brunswick
Md

Accident or Suicide?



Name
in
Full

Wm. A. Winebrenner

CERTIFICATE OF DEATH

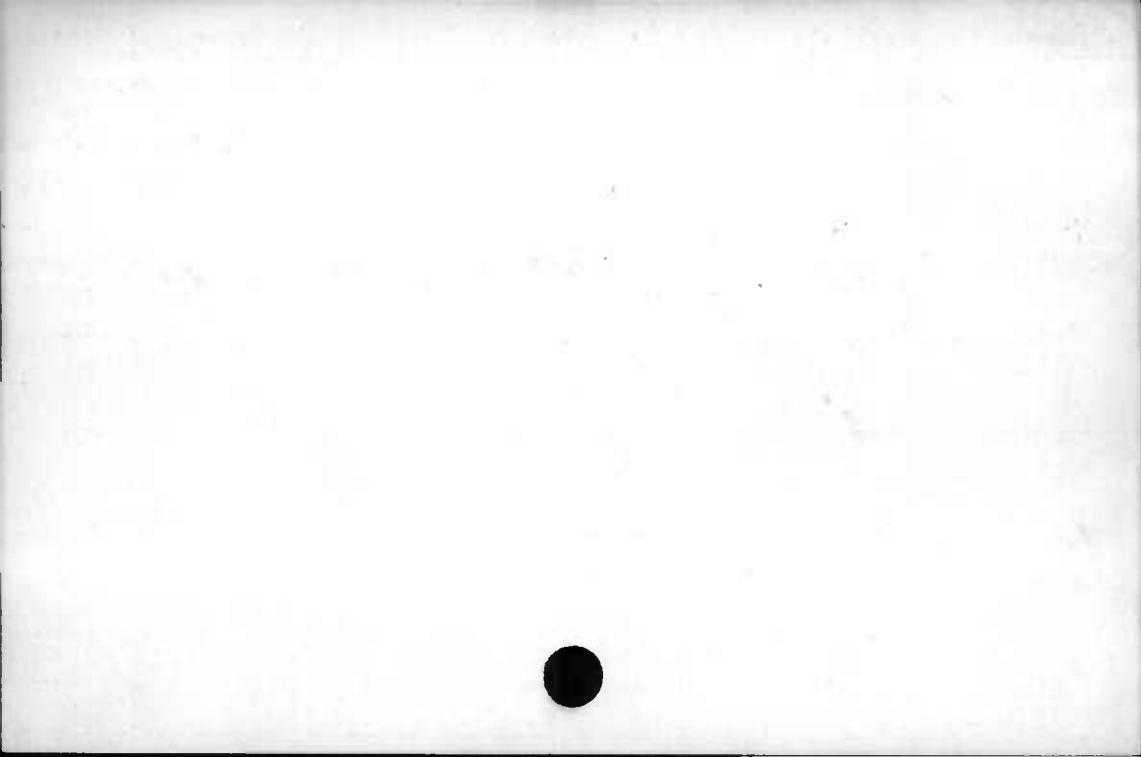
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1906	Month Sept	Day 23	Age Years 48	Months	Days	
Sex	Male		Color or Race	white		Birth place	Frederick, Md.
Occupation	Machinist			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Mary Lerch			
Father's Name	Edw. C. Winebrenner					Father's Birthplace	Pa.
Mother's Maiden Name	Caroline Eppert					Mother's Birthplace	Pa.
Name of person giving In formation	Mary Lerch Winebrenner					How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Angina pectoris	How long	40	Some months
Immediate	Heart failure	How long		
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. O. Hendrix, M.D.		
Address		Frederick, Md.		
Accident or Suicide?				



Name
In
Full

Not Named Woerner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick Co.</i>		State <i>MARYLAND</i>	
Date of death		1906	Month <i>Sept</i>	Day <i>13</i>	Age <i>6</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Frederick, Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Chas. Woerner</i>				Father's Birthplace <i>Frederick, Md.</i>			
Mother's Maiden Name <i>Addie Wilhite</i>				Mother's Birthplace <i>Frederick, Md.</i>			
Name of person giving information <i>Mother</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth (6 mos)</i>	How long
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. K. doig, M.D.</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide?		



Name
in
Full

Francis M. Zimmerman

CERTIFICATE OF DEATH

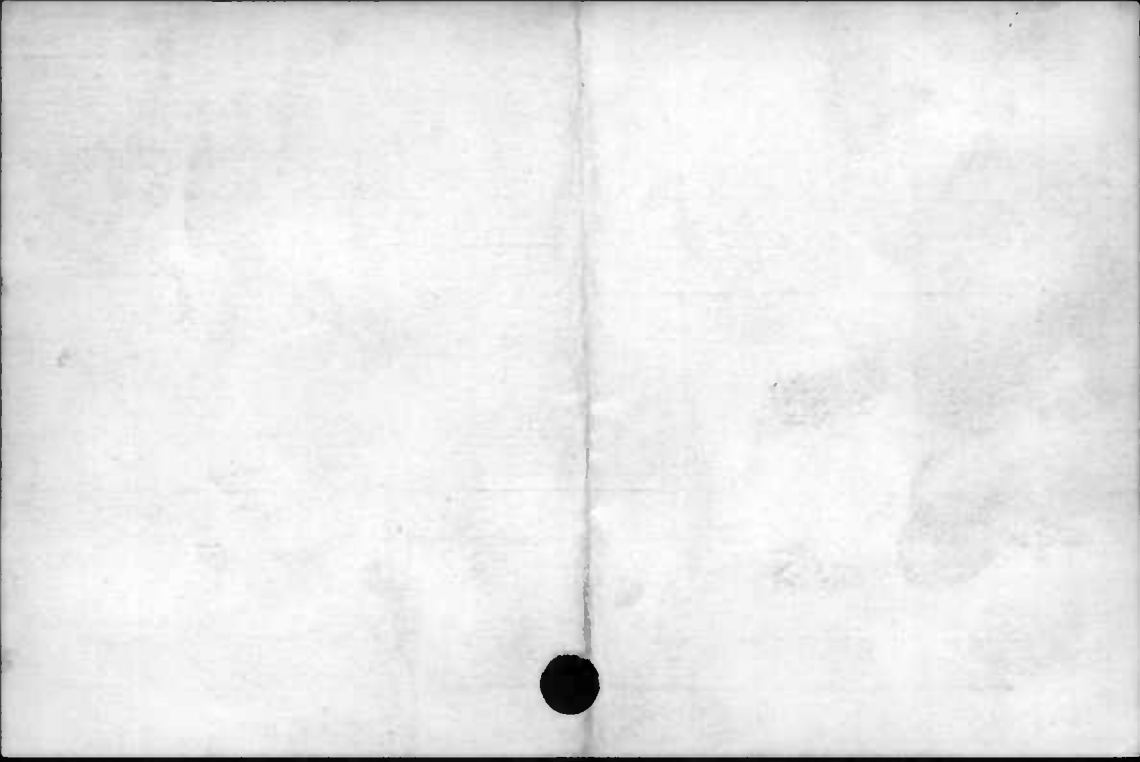
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Church Hill		^{County} Frederick		MARYLAND	
Date of death	1906	Month	Sept.	Day	15
Age	62	Years		Months	
Sex	male	Color or Race	White	Birth-place	
Occupation	Retired farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Daniel Zimmerman			Father's Birthplace	Md.
Mother's Maiden Name	Mary Zimmerman			Mother's Birthplace	Md.
Name of person giving information	Geo. E. Cook			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bullet wound of brain	How long	
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Carl Thomas</i> Address <i>Hamstow, Md.</i>		
Accident or Suicide?			



Name
is
Full

Mary Elizabeth Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>September</i>	Day	<i>15</i>
Age	<i>72</i>	Years		Months	<i>3</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Emmitsburg Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Lewis Alongo Zimmerman</i>		
Father's Name	<i>James Hoepfethorn</i>			Father's Birthplace	
Mother's Maiden Name	<i>Mary Hoerner</i>			Mother's Birthplace	
Name of person giving information	<i>James Susan Young</i>			How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>3 years</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Eichelberger</i>
		Address	<i>Emmitsburg Md</i>
Accident or Suicide?			

